



**CONFIDENTIAL**

<b>TITLE AND DATE</b> <i>(of meeting at which report to be presented)</i>	Local Quality Committee – 7 <sup>th</sup> November 2023									
<b>AGENDA ITEM NO.</b>	7.1									
<b>TITLE OF REPORT</b>	Safeguarding Adults Annual Report 2022/23									
<b>AUTHOR NAME AND ROLE</b>	Collette Cashell, Deputy Lead Nurse Adult Safeguarding, Prevent and Learning Disability									
<b>ACCOUNTABLE EXECUTIVE DIRECTOR</b>	Robert Bleasdale, Chief Nursing Officer									
<b>PURPOSE OF REPORT</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="padding: 2px;">Decision/Approval</td> <td style="width: 50px;"></td> </tr> <tr> <td style="padding: 2px;">Assurance</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="padding: 2px;">Info Only</td> <td style="text-align: center;">X</td> </tr> <tr> <td style="padding: 2px;">Advice</td> <td></td> </tr> </table> <p style="font-size: small; margin-top: 5px;">Please tick above and then describe the requirement in the opposite column</p>	Decision/Approval		Assurance	X	Info Only	X	Advice			
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<b>REPORT HISTORY</b> Committees/Meetings where this item has been considered	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Committee</th> <th style="width: 30%;">Date of Meeting</th> <th style="width: 40%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>Executive Management Board</td> <td style="text-align: center;">25/10/2023</td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Committee	Date of Meeting	Outcome	Executive Management Board	25/10/2023				
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<b>SUMMARY OF REPORT AND KEY MESSAGES THE MEETING NEEDS TO UNDERSTAND</b>	<p>This report provides the Trust Board with an update on the Safeguarding Adults agenda over the last twelve months.</p> <p>The paper provides an outline to:</p> <ul style="list-style-type: none"> <li>The background</li> <li>The Governance Arrangements</li> <li>Learning, Development and training</li> <li>Policies and Procedures</li> <li>Supervision</li> <li>Audit</li> <li>Risks and challenges emerging from safeguarding case management</li> <li>Partnership Working</li> <li>The adult safeguarding priorities for 2023/24</li> </ul>									
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<b>REASON FOR SUBMISSION TO THE BOARD IN PRIVATE ONLY (WHERE RELEVANT)</b>	
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Other Exceptional Circumstances (please describe)	

## Safeguarding Adults Annual Report 2022/23

Title	Safeguarding Adults Annual Report 2022/23
Author	Colette Cashell, Deputy Lead Nurse Adult Safeguarding, Prevent and Learning Disability
Summary :	<p>This report provides the Trust Board with an update on the Safeguarding Adults agenda over the last twelve months.</p> <p>The paper provides an outline to:</p> <ul style="list-style-type: none"><li>• The background</li><li>• The Governance Arrangements</li><li>• Learning, Development and training</li><li>• Policies and Procedures</li><li>• Supervision</li><li>• Audit</li><li>• Risks and challenges emerging from safeguarding case management</li><li>• Partnership Working</li><li>• The adult safeguarding priorities for 2023/24</li></ul>

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# 1. Introduction

This Annual Report highlights the work undertaken by Chelsea and Westminster Hospitals NHS Foundation Trust (CWH) in respect to its commitment and responsibilities in maintaining the safety and protection of adults at risk of abuse and neglect.

The Chelsea and Westminster Hospitals Trust 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 Adults is firmly embedded within the core duties and statutory responsibilities of all organisations across the health system.

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

CWH 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).

This report covers the period from April 2022 to March 2023 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 adult safeguarding team supports Chelsea and Westminster Hospital Trust in fulfilling its statutory duty and regulatory frameworks to safeguard all patients and staff.

The purpose of this report is to:

- Provide an overview of the CWH safeguarding activity in 2022/23
- Provide assurance that CWH is compliant with its safeguarding duties
- Outline the key safeguarding priorities for 2023/24

## 2. Safeguarding Adults at Chelsea and Westminster Hospitals NHS Foundation Trust

### 2.1 Adult Safeguarding

Chelsea and Westminster Hospitals NHS FT 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. The Lead is supported by a Deputy Lead and Adult Safeguarding Project Officer (figure 1). A Practitioner for Adult Safeguarding, Learning Disability, Autism or both should be in post from April 2023. There is a Safeguarding Statement available on the Trust website.

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

1. Has need of care and support (whether or not the local authority is meeting any of those needs)
2. Is experiencing, or at risk of abuse or neglect: and
3. 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 safeguarding adults' 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.

## 2.2. Learning Disability, Autism or both

The Lead is supported by a Deputy Lead and an Adult Safeguarding Project Officer (figure 1). A Practitioner for Adult Safeguarding, Learning Disability, Autism or both should be in post from April 2023.

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 leadership also contributes to delivering local service improvement, learning from the experience of people using the hospital and LeDeR reviews (regional and national levels) about good quality care and areas requiring improvement.

There is a separate annual report detailing the work of the learning disability team.

## 2.3 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 form the contact point for referrals.

The Adult Safeguarding team completed one Prevent referral during the period of the report. The team supported the staff who identified the Prevent concern. The staff members who were involved demonstrated a good understanding of Prevent including the escalation process.

The online training seeks to ensure that staff are aware that Prevent activity is not exclusive to adherence 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 compiles 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.

Section 4 addresses Prevent training compliance.

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

## 2.4 Mental Capacity Act

CWH has a Mental Health Team. There is a Lead, supported by 2 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. In the coming year the responsibility for providing support and training in regard to the Mental Capacity Act will fall under the remit of the Adult Safeguarding Team. This will be referred to in the key priorities for 23/24.

## 2.5 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. Abuse can be perpetrated by partners, ex-partners, and family members, including children under the age of 18, adult children or siblings.

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 Bill was passed in April 2021. Included within the Bill 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 Trust has a Domestic Abuse lead supported by a Domestic Abuse co-ordinator and a team of IDVAs. The Adult Safeguarding Team work closely with the Domestic Abuse Team to ensure a coordinated approach to safeguarding. In particular the teams work together in complex cases with significant risk issues.

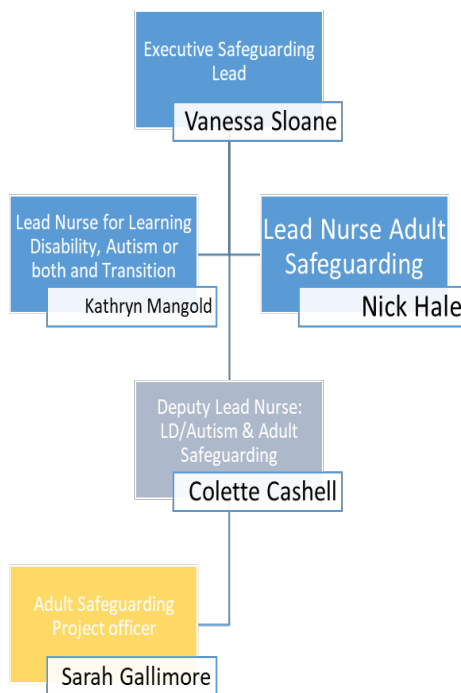
There is a separate annual report detailing the work of the Domestic Abuse Team.

## 2.6 Adult Safeguarding team Structure

The team was fully recruited during 2022/23 however options for developing the service and support for people with Learning Disability, Autism or both were explored with a view to recruiting for a new role - Adult Safeguarding and Learning Disability Practitioner. This will be based mainly at Chelsea and Westminster, a subsequent appointment was made to start in April 2023. In addition the Lead for Adult Safeguarding retired at the end of this period. It is anticipated that a new Lead will be in post by September 2023. The transition and expansion of the team will form part of the priorities for the coming year.



**FIGURE 1: ADULT TEAM STRUCTURE ( AS OF MARCH 2023)**



### 2.6.1 Quarterly 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 2022/23 the Team have initiated a quarterly newsletter that is distributed and available on the Trust Adult Safeguarding mini-site on the intranet. . It allows the dissemination of knowledge from SARS including 7 minute briefings. The focus this year has been to share learning regarding individuals with a learning disability. It provides up to date information on training resources available to staff and reinforces local safeguarding processes.

## 3. Governance Arrangements

The Chief Executive has overall responsibility for the safeguarding of adults at risk. The Deputy Chief Nurse is the executive lead for safeguarding and has responsibility to ensure that the Trust contribution towards safeguarding is discharged effectively throughout the organisation.

The Deputy Chief Nurse is responsible for:

- Strategic leadership on all aspects of the Trust’s contribution to safeguarding
- Ensuring the Trust is represented at local safeguarding Partnerships
- Ensuring that appropriate safeguarding processes are in place, including compliance with all legal, statutory, and good practice requirements

The Joint Adult & Children’s Safeguarding meeting is the focal point of Safeguarding governance and assurance and is chaired by the Deputy Chief Nurse.

The purpose of the safeguarding meeting 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 Safeguarding meeting meets quarterly and seeks assurance that all safeguarding commitments and responsibilities for both adults and children are met. It oversees the work of the Safeguarding Teams and

seeks assurance that there are suitable processes in place to ensure that safeguarding arrangements are reviewed and updated on a regular basis.

Key safeguarding partners including ICB Designated Safeguarding Leads for adults and children and Local Authority Safeguarding leads have standing invitations to the safeguarding committee ensuring oversight of the Trust's safeguarding work.

The Adult Safeguarding Lead and Project officer present the quarterly Safeguarding Health Outcomes Framework (SHOF) template as assurance. The Outcomes that make up this framework are listed in Table 1. These outcomes inform the structure of this report. In the coming year, following a review of the framework which involved the Trust Adult Safeguarding Lead, a revised version of SHOF will be available.

TABLE 1 : SHOF STANDARDS

SAFEGUARDING HEALTH OUTCOME FRAMEWORK (SHOF) STANDARDS	
STANDARD	
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)

## 4. 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.

At the Chelsea and Westminster Hospital there were up to 6393 staff members who are required to undertake level 1 adult safeguarding training via an e-learning training package every 3 years, 4773 staff are required to complete the level 2 adult safeguarding adults e-learning package.

There are 181 staff requiring level 3 training, in line with the intercollegiate guidance. Level 3 Adult Safeguarding Training is routinely delivered via video conferencing technology. All staff new to Level 3 training attend a full day level 3. This also includes sessions delivered by the Adult Safeguarding Team regarding the Trust specific processes and a separate session from the Trust Domestic Abuse Coordinator.

Training continues to utilise e-learning for Level 2 and an external trainer (via Microsoft Teams) for Level 3. The Level 3 course continues to receive very positive evaluations and the trainer has developed strategies to maintain relevance and staff engagement using this technology. This also allows staff greater flexibility in accessing training. There are no plans at present to return to face-to-face during 2023/4.

Improving on the WRAP and PREVENT training figures continues to be an ongoing challenge throughout 2022/23. In an effort to improve compliance, completion of Wrap and Prevent has been made a prerequisite of attending the Adult Safeguarding Level 3 Training. The Level 3 course is consistently positively evaluated by all who attend. Whilst the focus is attendance on the core L3 denominator staff list, the course continues to prove popular for all staff and the team have during 2022/23 successfully supported

a growing number of nurses for whom this is not required as their core training to attend. It is anticipated the projected training numbers will have significantly improved in 2023/4

Discussions continue 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 both a person and family centred way. Positive outcomes have been achieved in terms of developing an understanding of learning needs in line with the Intercollegiate document which reflect challenges of mitigating safeguarding risks within the acute sector. This will form a significant part of the role for the new Adult Safeguarding Lead in the coming year 2023/24

The Adult Safeguarding lead has contributed to work commissioned by the home office to update the Prevent e-learning module, the Adult Safeguarding team continue to work with the Learning and Development team to manage the transition to the new Prevent training module.

**TABLE 2: ADULT SAFEGUARDING TRAINING COMPLIANCE (AS OF MARCH 2023)**

<b>Training in Adult Safeguarding &amp; Workforce (eligible staff up to date with)</b>		<b>Q1</b>	<b>Q2</b>	<b>Q3</b>	<b>Q4</b>
Safeguarding Adult Training	Level 1	91%	91%	92%	94%
	Level 2	89%	88%	89%	93%
	Level 3	80%	87%	79%	87%
	Level 4	100%	100%	100%	100%
Board Level Training Adults (Level 1)		57%	66%	34%	25%
PREVENT Basic Awareness		93%	91%	93%	94%
WRAP (Workshop to Raise Awareness of Prevent)		48%	49%	49%	53%

## 5. Supervision

Until recently, safeguarding supervision for practitioners working with adults who have care and support needs has not been universally adopted. The supervision process and the associated benefits to the organisation and individuals have been widely acknowledged and recognised. The Intercollegiate Document for safeguarding adults identifies the need, and consideration of this which will be explored over the coming year.

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 weekly supervision meetings to share learning and concerns around complex cases.

Please see further details on development of this in 8, below.

## 6. Policies and Guidance

The following Safeguarding policies were ratified in 2022/23:

- Safeguarding Allegations against Staff
- Mental Capacity Act and Deprivation of Liberty Policy

## 7. Audit

An external audit was carried out during the second half of this year. The audit concluded that there is substantial assurance over both the design and the effectiveness of controls surrounding the Safeguarding Adults process at the Trust and that the Trust has a well-designed and robust control environment in place. However the one recommendation was that a Safeguarding Adults Supervision Policy should be developed and approved by the relevant committee. Once approved, the policy should be held on the Trust intranet site so that is available to all relevant officers. This will form one of the 23/24 priorities.

### 7.1 Routine Audit

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

During this period the standard was for every referral to have an associated Confidential Information and Concerns (CIC) form completed on Cerner. Compliance has varied between 90-95%. Any CIC form that was identified as not having a supporting referral was reviewed and followed up.

Audit outcomes are addressed in the quarterly newsletter and reinforced in updates of the localisation segment of the L3 training.

## 8. Adult Safeguarding activity

### 8.1 Adult Safeguarding Referral Process

The two acute sites are hosted by separate Boroughs; The Chelsea site by Bi-Borough and the West Middlesex site by the London Borough of Hounslow. Referral processes for Trust staff have been developed in partnership with the local circumstances of the respective boroughs. For Chelsea referrals, the Adult Social Care duty team act as the referral point who 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 783 referrals from Chelsea and Westminster Hospitals NHS FT clinical services and others in 2022/23. 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 (Royal Borough of Kensington and Chelsea and Westminster City Council). Trust staff in total however worked with a total of **34** different local authorities during the period.

**TABLE 3: ANNUAL ADULT SAFEGUARDING REFERRAL NUMBERS 2018-2023**

Year	18/19	19/20	20/21	21/22	22/23
WM	<b>174</b>	<b>294</b>	<b>350</b>	<b>401</b>	<b>394</b>
CW	<b>248</b>	<b>243</b>	<b>307</b>	<b>272</b>	<b>389</b>
Total	<b>422</b>	<b>537</b>	<b>657</b>	<b>673</b>	<b>783</b>

The number of safeguarding concerns continues to increase annually on both sites. The further expansion of the team to include an Adult Safeguarding Practitioner on the Chelsea site will enhance the support for clinicians making safeguarding referrals. The increase in the referrals on both sites is likely to be a consequence of issues related to the pandemic and a reflection of the level of need and acuity within the wider community.

**TABLE 4: ADULT SAFEGUARDING REFERRALS BY QUARTER AND SITE 2022-2023**

Quarter Total	CHELSEA per Quarter		WMUH per Quarter
<b>207</b>	<b>Q1</b>	<b>87</b>	<b>120</b>
<b>180</b>	<b>Q2</b>	<b>90</b>	<b>90</b>
<b>183</b>	<b>Q3</b>	<b>98</b>	<b>85</b>
<b>213</b>	<b>Q4</b>	<b>114</b>	<b>99</b>
<b>783</b>	<b>YTD</b>	<b>389</b>	<b>394</b>

The number of

safeguarding adult contacts by primary presenting concern for 2022/23 is shown in Table 5

Note that categories in Table 5 are based on initial screening of referral forms for consideration under Section 42 of the Care Act by 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.

**TABLE 5: CATEGORIES OF ABUSE INDICATED ON REFERRAL FORMS-2022-23**

CATEGORY	YTD	Q1	Q2	Q3	Q4
<b>Domestic Abuse</b>	33	8	9	4	12
<b>Physical</b>	122	42	20	30	30
<b>Financial</b>	35	9	7	7	12
<b>Self neglect</b>	183	44	46	48	45
<b>Psychological</b>	70	21	13	16	20
<b>Sexual</b>	24	7	9	6	2
<b>Neglect</b>	233	59	55	53	66
<b>Modern Slavery</b>	6	1	4	1	0
<b>Organisational</b>	74	15	15	19	25
<b>Not known/unsure</b>	4	1	2	0	1
<b>TOTAL</b>	<b>784</b>	<b>207</b>	<b>180</b>	<b>184</b>	<b>213</b>

An ongoing theme of the safeguarding work that is not always evident in the breakdown of categories in this table is the high degree of complexity and risk which involves multiple agencies. Neglect and self-neglect continue to form the highest percentage of referrals made. Again, a possible reflection of wider community issues.

## 8.2 EPR Functionality development: On Line Adult Safeguarding Referral

During the year members of the adult and children safeguarding teams and DA team have continued to work 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 the dedicated CIC form on Cerner, they 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 go-live date for this will be summer 2023. Planning for this includes communications and training during the run-up to this date. The Adult Safeguarding Team have worked closely with their partners across the North West London network to develop safe practice and deliver training and guidance regarding the new process.

## 8.3 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 when there are concerns raised about care services delivered 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 identify areas that need further investigation. To this end, regular face-to-face meetings take place to review progress on all such reports with both host boroughs. 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 is clearly integrated into any Section 42 enquiry

Recurrent issues raised include

- Issues around communication in complex discharges particularly when patients have both mental health and physical health needs
- 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 2023/24 providing transparency between Trust governance of the discharge process and any associated Safeguarding processes

## 9. Key risks and challenges emerging from referral and case management

### 9.1 Case Complexity

As previously highlighted, there are on-going concerns regarding high-risk complex discharges, particularly relating to self-neglect and poorly engaged individuals. These will often be patients for whom assessment of their mental capacity is complex and may fluctuate. Considerable support and supervision is often 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.

### 9.2 Safe and Effective Discharge

Considerable progress has been achieved in regard to concerns and enquiries being raised by Adult Social Care in relation to discharge processes. Work continues to clarify links between Safeguarding processes and the Trust's Discharge governance arrangements.

### 9.3. 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. There is representation from the safeguarding team at the Pressure Ulcer Group.

## 10. 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 CCG's) 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. It is anticipated that the Adult Safeguarding team will attend the newly established Hounslow High Risk Group in the coming year. This group seeks to address complex issues in particular related to neglect and self-neglect.

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

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.



TABLE 6: ENGAGEMENT SAEBS AND SUB-GROUPS

TABLE 7: PARTNERSHIP GROUPS (AS OF MARCH 2023)

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

## 11. Statutory Reviews

All NHS agencies and organisations that are asked to participate in a statutory review must do so. The input and involvement required will be discussed and agreed in the terms of reference for the review. 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 includes providing a comprehensive chronology and that Adult Safeguarding team members and practitioners involved in the case participate in practice review workshops. Members of the adult safeguarding team will also be a member of the oversight panel for the review.

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



### **Safeguarding Adult Reviews:**

During 2022/23 CWH Safeguarding Team supported 7 SARs across London Boroughs of Wandsworth & Richmond, Hounslow, Hammersmith and Fulham and Bi-Borough. Team members also contribute to the SAR sub-groups of Local SAEBs.

Published reports are shared at the Safeguarding Committee and cascaded via the quarterly news letter

The Learning Disability report includes information relating to LeDeR reviews

## 12. Safeguarding priorities in 2023/24

The following areas are a priority for 2022/23 and form the basis of the safeguarding work plan:

1. Ensure that the quality and timeliness of referrals is maintained during the process of transition to referrals made via Cerner.
2. Manage transition within the Safeguarding Team leading to enhanced support for staff through the appointment of a Practitioner in Adult Safeguarding and Learning Disability.
3. Continue to work with our Discharge colleagues and local authority partners to ensure safe hospital discharge processes and transparently link safeguarding pathways to Hospital Discharge Governance pathways.
4. Work with Tissue Viability Team to improve understanding and use of the PUP (pressure ulcer protocol) in assessing safeguarding risk associated with pressure damage.
5. Continue to work with the Domestic Abuse team to develop awareness of domestic abuse of older adults.
6. Continue to develop learning opportunities via the Quarterly newsletter
7. Achieve level 3 training Adult safeguarding and Prevent training compliance.
8. Continue to work with relevant teams to explore options for integrated learning addressing safeguarding risks across the life span.
9. Continue to consolidate opportunities to increase availability of supervision.
10. Ensure the voice and views of individuals at risk of abuse or neglect and those who support them is heard to improve the outcomes for individuals.
11. Maintain and enhance the quality of advice and guidance in relation to the application of the Mental Capacity Act within an Acute Health Trust.

## 13. Conclusion

The Chelsea and Westminster Adult safeguarding team are committed to ensuring that the Trust effectively executes its duties and responsibilities in adult safeguarding. The Team adopts a whole systems approach to its work across acute and community boundaries, as well as those within the Trust, to ensure that a multi perspective 'Think Family' approach is adopted.

This report demonstrates safe and effective practice in relation to our statutory and regulatory agenda, with good compliance to internal and external safeguarding standards. The team will continue to build on existing work to ensure Trust safeguarding processes are robust and effective and remain aligned with core Trust values.