

## SAFEGUARDING ANNUAL REVIEW

### Main report

#### 1. Introduction

- 1.1 The Trust has a responsibility to safeguard children, young people and adults in its care. This requirement is laid out in legislation including: [The Children Act \(1989\)](#), [the Children Act 2 \(2004\)](#), [the Mental Capacity Act \(2005\)](#), [the Care Act \(2014\)](#) and [Health and Social Care Act \(2022\)](#). This responsibility is also made clear in [CQC Regulation 13: Safeguarding service users from abuse and improper treatment](#). The [NHS Safeguarding Contract](#) is annually updated on 31 March and specifies certain conditions that providers need to abide by and Imperial is compliant in all areas.
- 1.2 This report outlines the systems and processes in place at Imperial College Healthcare NHS Trust (ICHT) to ensure that it fulfils its responsibilities. The report also provides details of safeguarding, learning disability and autism (LD/A).

#### 2. Background and context

- 2.1 Safeguarding is a complex area of practice. The potential patient group is wide-ranging and includes inpatients, outpatients and unborns. It can also include family members or members of the community that are not patients/service users of the Trust. Abuse and neglect can happen in any context and takes many forms, some of which may not always be obvious. It is therefore important that the Trust has strong systems and processes to identify safeguarding issues and to take action to prevent harm.
- 2.2 ICHT is a key safeguarding partner in North West London, namely the boroughs of Kensington and Chelsea (RBKC), Westminster and Hammersmith and Fulham (H&F). RBKC and Westminster work jointly on the safeguarding agenda (bi-borough) whereas H&F function independently. This means that ICHT needs to be represented on two sets of safeguarding structures, which include:
- Kensington & Chelsea/Westminster Local Safeguarding Children Partnership (LSCP)
  - Hammersmith & Fulham LSCP
  - Kensington & Chelsea/Westminster Safeguarding Adults Executive Board (SAEB)
  - Hammersmith & Fulham Safeguarding Adults Board (SAB)
  - Board subgroups, such as the case review groups, best practice groups, community engagement groups, SARS champions etc.
- 2.3 The ICHT safeguarding service is also part of a number of multi-agency partnerships, for example:
- Violence against women and girls (VAWG) group and sub-groups
  - Modern slavery exploitation operational group
  - Channel Panels (part of the Prevent programme)

#### 3. Trust infrastructure and governance arrangements

##### 3.1. Executive leadership

[The Intercollegiate Guidance \(Royal College of Paediatrics and Child Health, 2018\)](#) defines roles and responsibilities that organisations are required to have. The document also specifies that named individuals and the nominated Trust Board representatives have a duty to monitor safeguarding throughout the organisation. The updated [Safeguarding accountability and assurance framework](#) (July 2022) also sets out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS funded care settings and NHS commissioning organisations.

At ICHT the Chief Nurse is the Trust Executive Lead for Safeguarding.

### 3.2. The safeguarding team

The role of the safeguarding team is to provide expert advice and support to the Trust to ensure that at risk children or adults are kept safe. This is done through ensuring that the appropriate safeguarding processes are applied. The team provides liaison between the Trust, social care, adult social work team, schools, the police and other agencies.

[Working Together to Safeguard Children \(2018\)](#) requires that the organisation has a named nurse for children, a named midwife and a named doctor. The NHS Standard Contract states that there must be leads in Child sexual abuse/exploitation; mental capacity and LPS, plus a Prevent Lead. These are all in place.

### 3.3. The Trust Safeguarding Committee

The Safeguarding Committee oversees the provision of safeguarding services across the Trust and seeks assurance that these services are in place and effective. Membership includes all Trust named professionals, designated professionals from the Integrated Care Board (ICB), local authority safeguarding representatives and senior nurses from the clinical divisions. The committee focuses on assurance, key decision-making, professional challenge and transferring knowledge and learning back to frontline staff.

The committee meets four times in any given year, normally once in each quarter. All meetings were quorate and attendees were updated by a number of presentations that covered the safeguarding children and adult arena as well as the learning disability/autism agendas.

The Safeguarding Committee reports to the Executive Management Board Quality Group (EMBQ) through a quarterly written report and the quarterly safeguarding health outcomes framework (SHOF), a return required by commissioners at the Integrated Care Board (ICB). Any concerns, risks or other exceptions are reported to the Executive Management Board in the EMBQ assurance report.

### 3.4. Policy framework

There are a number of policies that support staff in delivering a safe service. The safeguarding and learning disabilities policies were reviewed and ratified in March 2023. Other policies that support practice are, for example:

- Learning disability and autism policy and procedure
- Deprivation of Liberty Safeguards policy
- Prevent policy
- Staff domestic abuse policy

There is also national guidance promoting good practice, which we undertake self-assessment against and build any gaps into our annual plan.

#### 4. Training and safeguarding supervision

##### 4.1 Requirements

ICHT has a requirement to provide training for staff at different levels for safeguarding children and adults depending on their role in the organisation; for example all staff are required to do level 1 training, whereas only safeguarding named professionals are required to do level 4. This has been done in line with national [intercollegiate guidances](#).

##### 4.2 Trust compliance with training

In general, compliance at levels 1, 2 and 4 are satisfactory. Level 3 safeguarding children training has a required threshold of 90%. This has been a challenging target; it covers 1200 staff and will be a focus for 2023-24.

The table below shows compliance levels as at 31 March 2022 and 31 March 2023.

Type	Compliance level % March 2022	Compliance level % March 2023
Safeguarding adults level 1	89	92 ↑
Safeguarding adults level 2	88	90 ↑
Safeguarding children level 1	91	92 ↑
Safeguarding children level 2	86	90 ↑
Safeguarding children level 3	62	82 ↑
Safeguarding children/adult level 4	100	100 =

##### 4.3 Safeguarding supervision

Safeguarding supervision is essential for all those staff who require level 3 safeguarding training. We have worked throughout the year to improve the number of staff in this group who have supervision and have moved from 48% to 80% throughout the course of the year.

##### 4.4 Wider training

Learning disability and autism training is being reviewed and we are rolling out the Oliver McGowan training across the Trust. Mental capacity training is available through our online learning packages and we are developing a comprehensive framework to report on this.

#### 5. Mental Capacity Act

5.1 The [Mental Capacity Act](#) (MCA) published in 2007 protects and empowers individuals who are unable to make some decisions for themselves. Mental capacity is an important factor underpinning safeguarding, particularly in adults. Lacking the capacity to make one's own decisions puts people at risk of abuse or neglect. In the acute setting this is seen particularly for patients with dementia, learning disabilities, stroke and those with mental health issues.

5.2 There may be occasions where the Trust needs to deprive someone of their liberty in their best interests to keep them safe. When this happens we might need to apply for authority

to do so under the [Deprivation of Liberty Safeguards](#) (DoLS). This process is managed by the site teams and the Mental Health Law Office at CNWL NHS Foundation Trust. DoLS have to be authorised by the Local Authority.

5.3 The Trust has clear guidance on the Intranet in relation to the MCA and has an MCA assessment form built into Electronic Patient Record (EPR).

5.4 Following a review of the MCA, DoLS were scheduled to be replaced by the [Liberty Protection Safeguards](#) (LPS). The pandemic severely disrupted the introduction of LPS. This year we have a total of 155 applications for DoLS (as compared to 86 for 2021 and 126 for 2021-22).

## 6 Prevent

6.1 Prevent forms part of the [Counter Terrorism and Security Act 2015](#). It is concerned with preventing children and vulnerable adults becoming radicalised into terrorism. NHS Trusts are required to train staff to have knowledge of Prevent and radicalisation and to spot vulnerabilities that may lead to a person being radicalised. The purpose of Prevent is for staff to identify and report concerns of whom they believe may be vulnerable to radicalisation or exploitation.

6.2 Prevent Basic awareness training is covered by safeguarding adult level 1 training and the level 3 workshop to raise awareness of Prevent (WRAP) is covered within safeguarding children level 3. More comprehensive Prevent Level 3 training is available online. The safeguarding team all complete the full Prevent level 3 training.

6.3 Any referrals to Prevent are via the safeguarding children/adult processes and discussed with the consultant nurse safeguarding and/or the Prevent Trust Lead. The case would also be discussed with the Prevent link staff in the appropriate borough and a Channel referral completed. If requested the Prevent Lead (or deputy) will attend the [Channel panel](#). The panel (multi-agency) discusses the risk posed to the person/people and reviews what support is available from the multi-agency community support. There have been no referrals from the Trust to the Channel panel and nil cases have been specifically reviewed with the consultant nurse for safeguarding about whether it would meet criteria, but staff always remain curious about this area of a person's life.

## 7. Modern Slavery and Asylum seekers/refugees

7.1 Despite slavery being banned in the majority of countries, [modern slavery exploitation](#) (MSE) continues. Nowadays MSE is the umbrella term for forced labour, people smuggling/trafficking, domestic servitude, sex exploitation, (adult and child), debt bondage, county lines, organ harvesting, forced labour, criminal exploitation and child marriages (which can also be a harmful practice).

7.2 ICHT is an active member of the community MSE operational group and the MSE statement is on the Trust's external website. MSE data is provided to the operational group. MSE training is part of safeguarding training that all staff members' access. Referrals are via safeguarding adult/children processes.

7.3 There were 19 reported cases this year (same as last year). Many cases tend to be highlighted within sexual health and maternity departments. Some cases are already being dealt with under MSE processes and some the staff have to initiate referrals.

## 8. Domestic Abuse (DA)

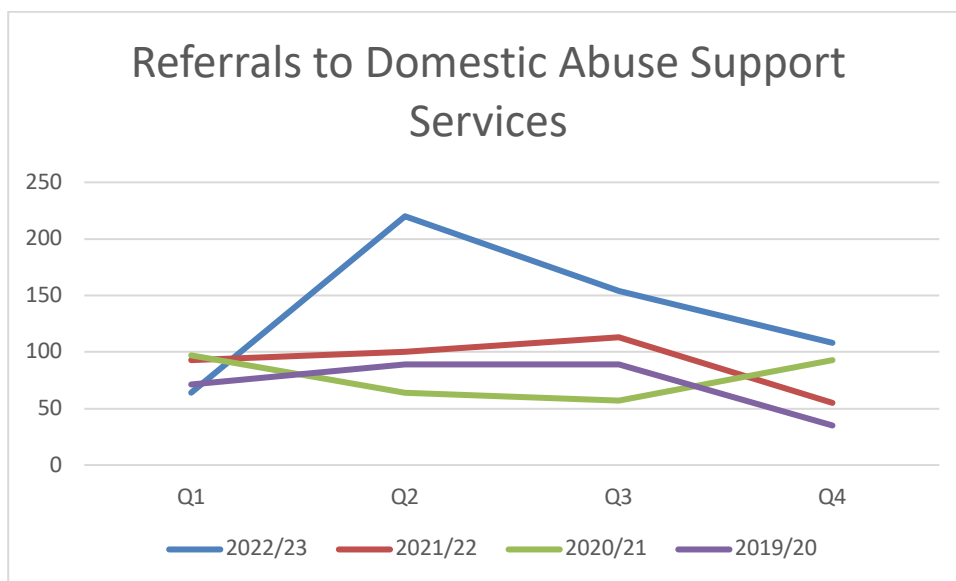
8.1 The recognition of [domestic abuse](#) is a high priority for the safeguarding team. It is included in the safeguarding adult and children training. Staff are also encouraged to complete the eLearning specifically for domestic abuse. Bespoke sessions regarding domestic abuse are also provided.

## 8.2 Multi-agency Risk assessment conferences

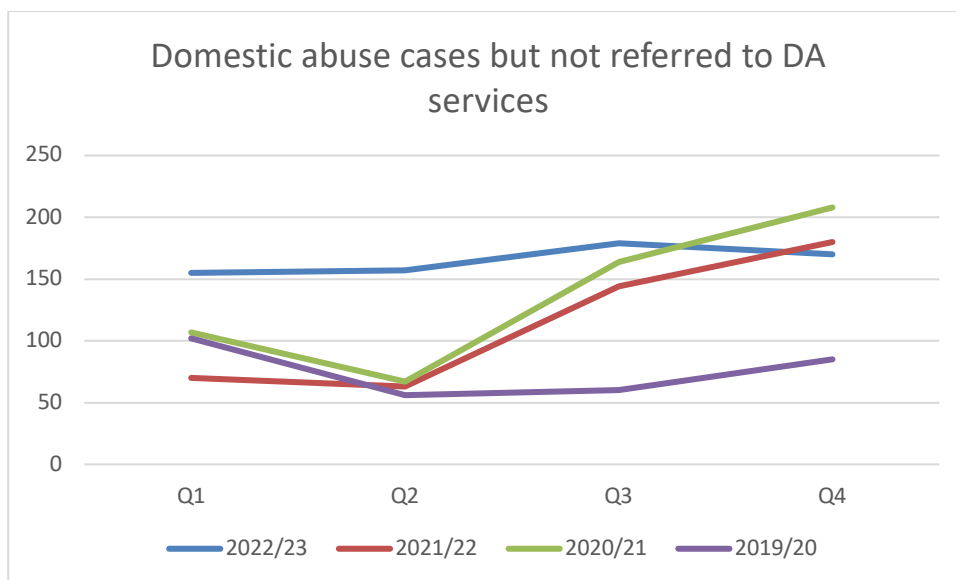
The Trust covers five multi-agency risk assessment conferences (MARAC) which is a very large remit. A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the MARAC is to safeguard the adult victim (over 16 years old). The MARAC will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an IDVA who speaks on their behalf.

## 8.3 Data

The chart below shows referrals made by the safeguarding team to domestic abuse support services. The increase in Q4 of 20/21 represents the impact of the national lockdowns during the pandemic. However, there was an increase in quarter 2 this year and that coincided in an increase of attendances to unscheduled care.



The chart below shows the number of DA cases dealt by the safeguarding team that did not meet the threshold for referral (or re-referral) to domestic abuse services but where advice was given or where agencies are already working with the service user/family and domestic abuse is a factor.



Domestic abuse cases in people over 60 runs at between 3-6 cases per quarter (16-20 per year).

#### 8.4 Support agencies

As well as Standing Together, ICHT also works very closely with For Baby Sake, an organisation that works with both parents, when the woman is pregnant, where domestic abuse is a feature in their family home. Redthread also have a young women's worker who specialises in domestic abuse. Dealing with domestic abuse in families and relationships is often very time consuming for all involved. Places in refuges are limited and often only for women with children under 13-year-olds (unless females). Co-located IDVAs are the gold standard in any health organisation but funding opportunities are hard to access.

#### 8.5 16 days of activism

For the 16 days of activism in November/December the safeguarding team initiated various campaigns. On [White Ribbon Day](#) (the start of the 16 days activism) Safeguarding and Redthread visited areas where high risk domestic abuse cases are seen. The White Ribbon charity was explained along with the Trust accreditation process. Colleagues also had the chance to sign the '[Promise](#)'. Staff were also provided with 'goodie bags' filled with the contact details of many North West London domestic abuse support services. There were also flyers with some questions to ask victims/survivors to identify DA and ensure safe discharges.

For the rest of the 16 days there were a number of 'lunch and learns', some delivered by the Metropolitan Vulnerable Assessment and Partnership Team. Over three days colleagues had the opportunity to broaden their knowledge on exploitation and how it links with gender-based violence and looking at women being exploited in particular.

The 16 Days of Activism against gender-based violence was a success overall. It was a great opportunity for White Ribbon to be introduced to the Trust. Lots of conversation was started around domestic abuse and the response to it. The safeguarding team were able to recognise the gaps in knowledge and understand colleague's thoughts or beliefs surrounding gender-based violence. It was encouraging to be challenged on some points, specifically with the focus on being women and girls. This led to healthy conversations about how everyone must support all patients and staff. Conversations like this will lead to better understanding and will help us to safeguard all from domestic abuse.

#### 8.6 White Ribbon campaign



Now that safeguarding have introduced the Trust to White Ribbon, the safeguarding team worked with the Trust's Women's Network and finalised an action plan and proposal to executive leads. This work will progress into 2023/24. The Harmful practices and Domestic Abuse Steering Group will own the White Ribbon accreditation action plan and proposal which will feed into the safeguarding committee. This was presented at the April Safeguarding Committee. It will also feature in the work that will be happening about introducing a safeguarding pledge and charter as well as the Trust Executive Management Board supporting the White Ribbon agenda.

## 9. Harmful Practices

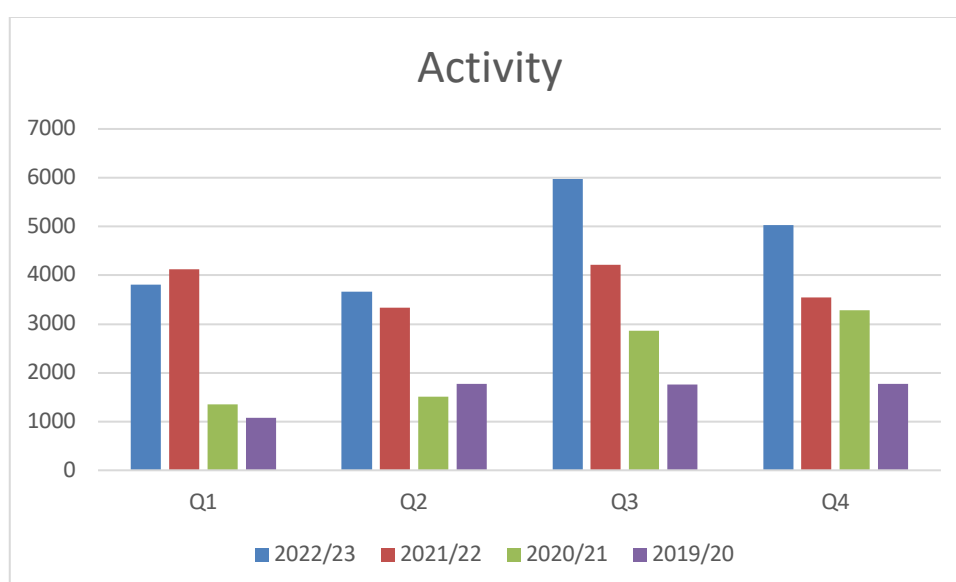
9.1 Harmful practices (HP) include Female Genital Mutilation (FGM), honour-based violence (HBV), breast ironing, forced feeding, child marriages, scarification, tribal marking and virginity testing. ICHT is an active member of the community HP operational group. HP data is provided to the operational group.

9.2 FGM-IS is a national IT system that supports the early intervention and ongoing safeguarding of girls, under the age of 18, who have a family history of Female Genital Mutilation (FGM). This is completed at the Trust and any families who object to it are discussed with the Consultant Nurse Safeguarding.

9.3 Harmful practices training is part of the safeguarding adult and children training. There have been no mandatory FGM reports to the police during this year to date and no FGM Protection Orders. Same as 2021/22. HBV cases are included in the DA data.

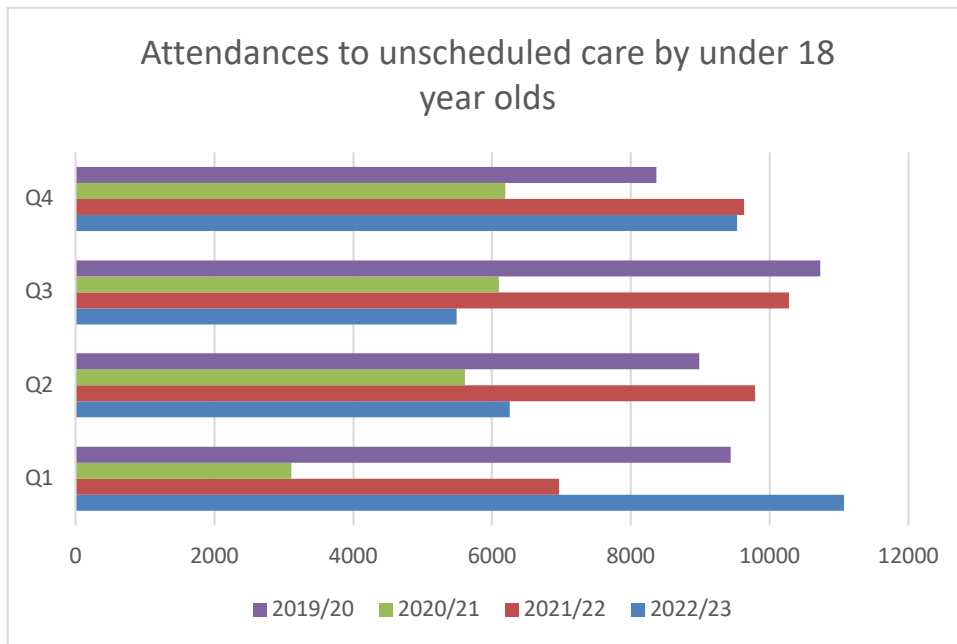
## 10. Overall safeguarding activity

10.1 The chart below shows the total case activity for the safeguarding team. This excludes telephone calls and notes reviews. This shows that safeguarding work and activity is steadily increasing year on year.



## 10.2 Unscheduled care attendances for under 18s and trauma calls

The chart below shows the number of attendances of under 18's to unscheduled care. All attendances are reviewed (quality assured) by the safeguarding team to ensure nothing has been missed and/or liaise with community staff for health-related issues, e.g. epilepsy, allergies, breathing-related issues, accident prevention; injuries etc.



During the year to date the safeguarding team have also reviewed 180 under 18 trauma cases and 1770 adult cases (last year under 18's were in excess of 200 trauma attendances to the emergency departments). Whilst around 10% of trauma victims are under 18 and include those involved in serious youth violence (stabblings, machete attacks and shootings) any trauma in a family setting can have a negative effect on children in that family/household. Where the victim is a parent or older sibling of, for example, gang violence, interventions need to be made to protect children close to victim. This year so far has seen an increase of older siblings and (mainly) fathers who are involved in gang violence and violence related injuries or substance misuse related injuries. However, in the latter end of quarter 3 we are seeing a return of under 18s being hurt on a regular basis and all are gang related.

Safeguarding continue to work closely with Redthread, a charity organisation who deal with young people's violence, and also meet any young people (under the age of 24) who have been stabbed, shot, assaulted or who are gang affiliated. A serious youth violence checklist that was devised by the ICHT safeguarding team is used for all under 18s. This includes practical first aid discussions with the young person on their own, safety checks, what they want to happen and also explains the process that are put around them when once they become a victim in this manner e.g. strategy meetings; gangs workers; other meetings they are not included in etc. Initially Redthread and safeguarding will see the young person for the first meeting and introduction.

### 10.3 Adult safeguarding

Many of the adult cases now are very complex with different strands regarding the safeguarding concerns. The majority do not lead to formal safeguarding enquiries (known as section 42 or 44). The safeguarding team receive the referrals and give advice and ensure the referrals are sent to the right contacts but also quality assured to see if immediate actions need to take place, i.e. whether other referrals need completing.

Hospital staff are always keen to hear the voice of our service users and many of our staff also live in the same community. We have an ethos of "think family" but also allow service users to tell us about what they want to happen if any raising adult concerns is occurring. We empower staff to be curious and think the unthinkable and keep our service users safe from abuse. We want any service users to make their own decisions and when they cannot, include families in any decision making, if advance decisions have not been made already.



We enable staff to think whether domestic abuse or modern slavery exploitation or a harmful practice is occurring as many service users do not realise they are being abused, controlled or exploited.

This year the highest categories we dealt with were financial abuse, physical, neglect and self-neglect. Over the last three years we have dealt with about 200 cases per year.

## **11. Learning from Case Practice Reviews (CPRs) and Safeguarding Adult Reviews (SARs)**

11.1 The Trust is an active participant in the adult and children safeguarding case review sub-groups that are part of Safeguarding Adult Boards (SABs) and Local Safeguarding Children Partnerships (LSCPs). ICHT attend four groups since Hammersmith and Fulham left the tri-borough local authority. DHRs are contributed to as required. The consultant nurse continues to chair the children case practice review group in the bi-borough.

11.2 Local learning is quickly ascertained as soon as anything untoward occurs and then as a collective from the sub-group and boards/partnership meetings and action plans devised. Learning will be disseminated as soon as it is available and is followed up via rapid reads/seven minute learning/training sessions and supervision etc.

11.3 Learning occurs from local Trust cases, local borough cases (as above), as well as National reviews. Previous areas looked at and still having on-going work are about the deaths of [Arthur and Star](#) (neglect and concerns around social care processes, [Baby R](#) (Bexley case about bruising in infants, transition, supervision and parental mental health), adult males and self-neglect, young male death (serious youth violence) and the [Invisible Men](#) report.

## **12. Feedback from external agencies**

12.1 Throughout the year the ICHT safeguarding team has continued to receive positive feedback from external agencies, such as children's and adult social care, school nurses, Health visitors and the ICB about its performance and active participation in various work streams. The Trust's focus on hearing the child/adult's voice and "making safeguarding personal" are cited as positives. Offering a 7-day service continues to be considered valuable.

12.2 The Safeguarding team completed the Safeguarding Adult Partnership Audit Tool (SAPAT) for the bi-borough as well as for H&F and participated both challenge events to look at and review priorities for both SABs in. SAPAT looks at Achievements and challenges; Making safeguarding personal: Covid recovery and Learning from SARS.

12.3 Imperial acknowledges that areas of achievement included:

- Fire prevention work and involving frontline practitioners.
- Making safeguarding personal.
- Domestic abuse awareness campaigns.
- Learning from local Safeguarding adult reviews or local cases.

12.4 Challenges have included:

- Influx of different refugees/Afghans and Ukrainians etc. and the resources required for them and their safety. Increase of accessing unscheduled care and having long-term health needs. Good health response but causes additional strain same as with any adults coming in with vulnerabilities and support needs.

- Mental capacity along with use of substance misuse and alcohol misuse and then self-neglect.

### 13. Learning Disabilities and Autism (LD/A)

13.1 We have two members of the team that cover this area and give advice and support to staff and patients. Activity levels and details of training will for part of the 2023-24 reporting and annual report. We want to focus next year on awareness and training, as well as learning from incidents and user feedback. We had 1141 hospital episodes of care in 2022-23 of patients with learning disabilities and autism in total that were known to the hospital team.

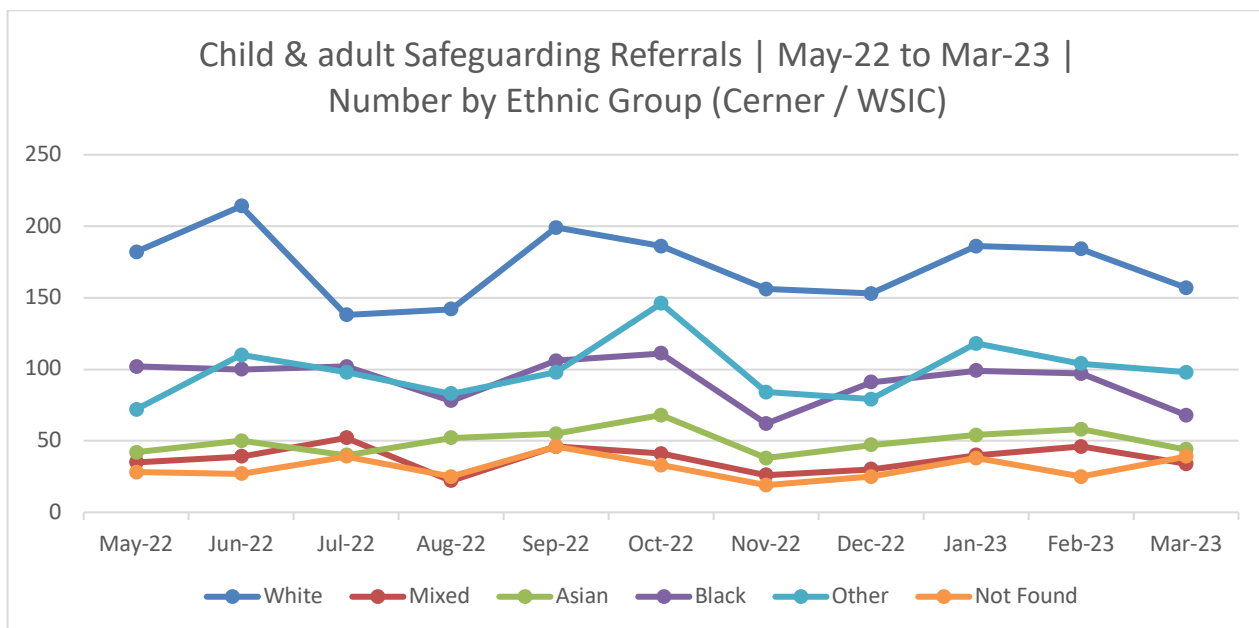
#### 13.2 Learning lessons

People with a learning disability often have poorer physical and mental health than other people and may face barriers to accessing health and care to keep them healthy. Too many people with a learning disability are dying earlier than they should, many from things which could have been treated or prevented. The learning from deaths – people with a learning disability and autistic people ([LeDeR](#)) programme was set up as a service improvement programme to look at why people are dying and what can be done to change services locally and nationally to improve the health of people with a learning disability and reduce health inequalities.

Any death in hospital is screened by a medical examiner and an LeDer reviewer and also the LD/A team. These will be reported through the learning from deaths report.

### 14. Ethnicity data

14.1 Currently all data held is manually collected by the safeguarding and learning disability/autism team. Data is collected as per cases worked on and it is hoped that as soon as referrals to social care etc. are via electronic patient records, data will be more readily available. However, a mapping exercise has taken place to compare what hospital numbers have been collected by the safeguarding team in regard to adult and child referrals. The mapping exercise used was EPR ethnicity data and also by NWL whole Systems Integrated Care dashboard. We have included the ethnicity data we have and this will be developed to better support service improvement.



14.2 Going forward we are looking at routine reports that also look at comparing the percentage of referrals from each ethnic category to the ethnic categories of our total patient population and or NWL population to see whether referrals are over/under-represented for any given ethnic category.

## **15. Conclusion**

15.1 The annual report for 2022-23 provides an overview of the activities and outcomes of the safeguarding work at Imperial College Healthcare Trust. It provides an assurance that our safeguarding framework and practices meet all the national statutory and mandatory requirements. There are areas to improve for example awareness and training, supervision, data collection (including usability of ethnic data) and learning lessons from incidents. These have been incorporated into the safeguarding action plan for 2022-23 and reported on quarterly.