



Safeguarding Annual Report 2014-15

Nicky Brownjohn

Associate Director for Safeguarding

September 2015

CONTENTS

1.	Executive Summary	4
2.	Purpose	6
3.	Safeguarding Children	6
3.1	Statutory requirements	6
3.1.1	Working Together to Safeguard Children 2013 (revised March 2015)	6
3.2	Local Safeguarding Children Boards	7
3.2.1	Tri-borough LSCB (Westminster, Hammersmith and Fulham, Kensington and Chelsea). 7	
3.2.2	Hounslow LSCB	8
3.2.3	Ealing LSCB.....	8
3.3	Safeguarding Children achievements & areas for development across CWHHE	8
3.3.1	Child protection / Children in Need.....	8
3.3.2	Children Looked After (CLA)	11
3.3.3	Violence Against Women and Girls Partnership.....	12
3.4	Priorities for 2015-16 for Safeguarding Children.....	13
3.4.1	Central London CCG / West London CCG / Hammersmith and Fulham CCG	14
3.4.2	Hounslow CCG	14
3.4.3	Ealing CCG.....	15
4.	Safeguarding Adults	15
4.1	Safeguarding Adult Boards (SABs)	16
4.1.1	Tri-borough (Westminster, Hammersmith and Fulham, Kensington and Chelsea)	17
4.1.2	Hounslow.....	17
4.1.3	Ealing.....	18
4.2	Safeguarding Adult Achievements and areas for development across CWHHE	18
4.2.1	Central London/West London/Hammersmith and Fulham.....	19
4.2.2	Hounslow.....	19
4.2.3	Ealing CCG.....	19
4.3	Mental Capacity Act and Deprivation of Liberty Safeguards	20
4.3.1	Mental Capacity Act (MCA)	20
4.3.2	Deprivation of Liberty Safeguards	20
4.4	PREVENT.....	22

4.5	Domestic Homicide Reviews.....	22
4.6	Transforming care (Winterbourne View).....	23
4.7	PRIORITY AREAS FOR 2015 -16 FOR SAFEGUARDING ADULTS	24
4.7.1	CWHHE priorities	24
4.7.2	Central London CCG / West London CCG / Hammersmith and Fulham CCG	24
4.7.3	Hounslow CCG	25
4.7.4	Ealing CCG.....	25
5.	Health Providers across CWHHE	25
5.1	West Middlesex University Hospital NHS Trust (Lead Commissioner: Hounslow CCG)	26
5.2	Imperial College NHS Trust (Lead Commissioner: H&F CCG).....	29
5.3	Chelsea and Westminster NHS Foundation Trust (Lead Commissioner: West London CCG) ..	29
5.4	London North West Health Care NHS Trust (Lead Commissioner (Community) : Ealing CCG / Acute: Harrow CCG /Associate Commissioner (Acute): Ealing CCG)	31
5.5	West London Mental health NHS Trust (Lead Commissioner: Ealing CCG/ Associate Commissioner: Hounslow and H&F CCGs).....	32
5.6	Central and North West London NHS Foundation Trust (Lead Commissioner: Harrow/ Associate Commissioner: West London CCG).....	33
5.7	Central London Community healthcare NHS Trust (Lead Commissioner: Central London CCG / Associate Commissioner: West London and H&F CCGs)	35
5.8	Hounslow and Richmond Community NHS Trust (Lead Commissioner: Hounslow CCG)	36
5.9	111 and Central Contracts	38
5.9.1	111	38
5.9.2	Central Contracts	38
5.10	Care Homes/Care Providers.....	38
6.	References.....	39
7.	Appendix 1	39

1. EXECUTIVE SUMMARY

This report provides an overview of the safeguarding activity across the 5 CCGs during 2014-15. This is the second year of reporting.

Safeguarding Children is a statutory responsibility for NHS organisations and the requirements for the leadership to be provided by CCGs was set out in the NHS England Accountability and Assurance Framework (2013, revised 2015).

Safeguarding Adults, although not a statutory responsibility, has been a requirement of NHS organisations as set out in the NHS England Accountability and Assurance Framework (2013, revised 2015). On 14th May 2014, following agreement by both Houses of Parliament, the Care Bill received Royal Assent in parliament to become the Care Act 2014, enacted from April 1st 2015. This Act reforms the law relating to care and support for adults and the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect, to make provision about care standards, to establish and make provision about Health Education England, to establish and make provision about the Health Research Authority, and for connected purposes.

All NHS organisations, including CCGs, are required to provide an annual report on safeguarding children that links to the Children Act 2004 Section 11 requirements. It is seen as good practice to align the safeguarding adults to this reporting framework.

CCGs are statutory NHS bodies with a range of statutory duties, including safeguarding adults and children. They are membership organisations that bring together General Practices to commission services for their registered populations and for the unregistered patients who live in their area. CCGs as commissioners of local health services need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place. CCGs are responsible for securing the expertise of Designated Professionals on behalf of the local health system. These roles undertake a whole health economy role. It is crucial that Designated Safeguarding Professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance if appropriate services are to be commissioned that support adults and children at risk of abuse or neglect, as well as effectively safeguard their well-being.

The CWHHE CCG Collaborative has agreed to work together to deliver the safeguarding functions as part of the portfolio of the Director for Quality, Nursing and Patient Safety. The Designated Professionals and Safeguarding Adult Leads work together as a team across CWHHE under the management of the Associate Director for Safeguarding but are aligned to individual CCGs.

CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding this includes the need to have in place the following:

- Clear line of accountability
The executive leadership role for safeguarding is delegated by the Chief Accountable Officer to the Director for Quality, Nursing and Patient Safety.

- Policies for safeguarding, safe recruitment and for dealing with allegations against people who work with children and adults.
The CCGs comply with the national statutory requirements and London procedures for safeguarding children and adults. Safeguarding policies are in draft, following substantial work in relation to national changes, and will be submitted for approval by the Governing Bodies during 2015-16.
- Staff are appropriately trained to carry out their responsibilities for safeguarding.
The safeguarding team is up to date with their training and has access to appropriate supervision either on a one to one basis or via a London peer network. Safeguarding children and adults training is part of the mandatory training programme for all staff employed by the CCGs.
- Effective inter-agency working with Local Authorities including within the operation of Local Safeguarding Children Boards (LSCBs), Safeguarding Adult Boards (SABs) and Health and Wellbeing Boards (HWBBs).
The CCGs are effectively engaged with the work of the Local Authorities with clear membership of the LSCBs, SABs via the Director for Quality, Nursing and Patient Safety. The Managing Director for the respective CCG takes responsibility for membership of the HWBBs.
- Ensuring effective arrangements for information sharing.
The CCGs have arrangements in place for sharing information across the health economy and with partner agencies for children. The CCGs will review the arrangements in relation to adults in line with the requirements of the Care Act 2014.
- Ensuring the access to the expertise of Designated Doctors and Nurses for Safeguarding Children, Looked After Children and Designated Paediatricians for unexpected deaths in childhood.
The CCGs have been compliant in their safeguarding structures and where there have been vacancies these have been covered through the CWHHE team arrangements. Vacancies held during 2014-15:
 - *Central London and West London CCGs had previously had part time Designated Nurses for Safeguarding Children who both left in the autumn of 2014. A replacement Designated Nurse to cover both CCGs commenced in January 2015*
 - *Ealing's Designated LAC post holders are due to take up posts during the summer of 2015*
 - *Hounslow 's Designated LAC Professionals – the post holders took up their posts mid-2014. The Designated Nurse for safeguarding Children left in January 2015 and was successfully replaced in March 2015.*
- Having an Adult Safeguarding Lead role and a Lead for Mental Capacity Act (MCA)
These roles are in place and will be reviewed during 2015-16 to ensure compliance with the Care Act 2014.

The process for gaining annual assurance from the main provider trusts has focused on checking the respective Trust Board minutes to ensure that there is corporate responsibility for safeguarding. In addition, the safeguarding work of the CCGs has been reviewed in relation to key achievements and challenges as well as engagement with the Local Safeguarding Boards.

The report identifies the extent to which the CCGs can be assured that they and their commissioned services are effectively discharging their safeguarding functions. It also highlights areas where improvements are required for the CCGs to ensure that there are effective systems in place to safeguard children and adults in the future. Where there are commonalities across CWHHE these will be covered once. Where achievements/challenge differ, these will be identified on an individual CCG basis.

2. PURPOSE

This report provides the Governing Bodies of Central London, West London, Hammersmith and Fulham, Hounslow and Ealing Clinical Commissioning Groups (CWHHE) with an overview of safeguarding across health services in the five boroughs during 2014-15. The report reviews the work across the year, giving assurance that the CCGs have discharged their statutory responsibility to safeguard the welfare of children and adults across the health services the CCGs commission. It also identifies the areas for the work plan for 2015/16.

3. SAFEGUARDING CHILDREN

3.1 STATUTORY REQUIREMENTS

3.1.1 Working Together to Safeguard Children 2013 (revised March 2015)

The statutory framework sets out what is required of professionals and to help them understand the roles of other agencies in safeguarding children. The guidance identifies what individuals and organisations are legally required to undertake to safeguard children.

The guidance sets out the systems that need to be in place to safeguard children including:

- Ensuring that the child's needs are paramount
- Early recognition of children's needs and risk of harm posed by abusers or potential abusers
- Effective information sharing between professionals and with children's social care.
- The requirement to have in place high quality professionals who are able to use their expert judgement to put the child's needs at the heart of the safeguarding system.
- Robust engagement with the system to ensure that actions are taken to safeguard and promote a child's welfare.

The framework clarifies the expectations of CCGs and providers to engage with the safeguarding children system and recognises the role of the Designated Professionals in providing advice to the local health economy, LSCB, NHS England and other agencies.

This report demonstrates that the CCGs can be assured that they and their large contracts with NHS Trusts are compliant with the framework.

3.2 LOCAL SAFEGUARDING CHILDREN BOARDS

The Local Safeguarding Children Board (LSCB) is an independent statutory board which oversees the effectiveness of the multi-agency safeguarding work for the Local Authority area. The LSCB does not commission or deliver direct frontline services though they may provide training. Whilst the LSCB does not have the power to direct other organisations it does have a role in making clear where improvement is needed. Each Board partner retains its own line of organisational accountability for safeguarding.

When a child dies or is seriously injured and abuse or neglect are suspected, the LSCB is required to commission a serious case review to consider how any learning can be identified from the case. When completed the LSCB is required to publish the report on its website.

The CCGs have reviewed their membership of the LSCBS over the year.

3.2.1 Tri-borough LSCB (Westminster, Hammersmith and Fulham, Kensington and Chelsea)

The tri-borough LSCB was established in April 2012 and has an Independent Chair. Throughout 2014-15 the CCGs have effectively discharged their statutory responsibilities as members of the LSCB through the contribution of funding to the LSCB and representation on the Board by the Director for Quality, Nursing and Patient Safety or Associate Director for Safeguarding. The Designated Doctors and Nurses have been active members of the subgroups.

Notable outputs during 2014-15 of the LSCB include:

- Completion of a Serious Case Review (SCR) (Sofia), the learning from which has been shared with the CCG and partner organisations.
- Commissioning of four Serious Case Reviews which once complete will be shared with the CCGs.
- Prioritisation of Child Sexual Exploitation (CSE), Female Genital Mutilation (FGM), Neglect and domestic abuse which has led to in depth work being undertaken to improve multi-agency working and strategic communication.

Priority areas for 2015-16 will include placing more of a focus on listening to the voice of the children and young people, responding to the radicalisation of children and young people, reviewing the effectiveness of the multi-agency practice in cases where parental mental illness has been identified as having an impact on the wellbeing of a child, identifying and embedding the learning from serious cases and establishing implementation plans for changing practice.

3.2.2 Hounslow LSCB

The LSCB has an Independent Chair. Throughout 2014-15 the CCG has effectively discharged its statutory responsibilities as a member of the LSCB through the contribution of funding to the LSCB and representation on the Board by the Director for Quality, Nursing and Patient Safety or Associate Director for Safeguarding. The Designated Doctor and Nurse have been active members of the subgroups.

Notable outputs of the LSCB during 2014-15 include:

- Development of a specific Child Sexual Exploitation Strategy

- A focus on FGM through multi- agency projects which have improved community awareness and joint working.
- Commissioning of a SCR (February 2015) to identify the learning from a case of a missing child which once complete will be shared with the CCG and partner organisations.
- Work with Feltham Young Offenders Institution which followed an inspection
- Review of the impact of homelessness on children in the borough
- Involvement in the Health Visiting Needs Assessment

Challenges

The Child Death Overview Panel is shared with the Richmond and Kingston LSCBs. It is apparent that the three boroughs are not reflective of each other in terms of the number of child deaths as Hounslow has a significantly higher number due to a different borough demography. This has placed pressure on the ability and capacity of the joint panel to achieve timely reviews.

3.2.3 Ealing LSCB

The LSCB has an Independent Chair. Throughout 2014-15 the CCG has effectively discharged its statutory responsibilities as a member of the LSCB through the contribution of funding to the LSCB and representation on the Board by the CCG Governing Body's Clinical Lead for Safeguarding Children supported by the Designated Doctor and Nurse. The Designated Doctor and Nurse have been active members of the subgroups.

Notable outputs of the LSCB during 2014-15 include:

- To continue to develop the board's core business of monitoring the effectiveness of Early Intervention/Safeguarding/ Child Protection
- Strengthen community engagement
- Monitor the Quality Assurance Framework
- Listen to the Voice of the Child
- Implement Working Together 2013/ 2015

The LSCB did not commission any serious case reviews during 2014-15.

3.3 SAFEGUARDING CHILDREN ACHIEVEMENTS & AREAS FOR DEVELOPMENT ACROSS CWHHE

3.3.1 Child protection / Children in Need

Although Local Authorities have the principal accountability for safeguarding and promoting the welfare of all children and young people in their area, all agencies have a duty under the Children Act 1989 and section 11 Children Act 2004 to ensure that all functions take into consideration the need to safeguard and promote the welfare of children.

Working Together to Safeguard Children (2015) defines safeguarding as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;

- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

Achievements

A requirement of the CCG commissioned services is that the Quality Schedule includes the need for safeguarding children to be reviewed on a quarterly basis for respective provider Clinical Quality Groups. In addition, an overview of the assurance and quality improvement across the commissioning landscape is presented to the respective CCG's Quality and Patient Safety Committee on a quarterly basis.

Intensive work has been undertaken by the Safeguarding Team with the CCG Contract Leads and the Trusts over the course of the year to ensure that all providers submit a quarterly report to the Clinical Quality Group and to the Designated Nurse for analysis. Although all Trusts have provided some level of information for each quarter there needs to be more clarity through the contractual levers if the information is not submitted.

CCGs are required to ensure that the local health organisations providing services on behalf of the NHS cooperate at a strategic level with the Local Authorities and also that practitioners are effective in identifying, responding, referring and reviewing children in need of protection or services to promote their welfare.

The CCGs can be assured that there is oversight and scrutiny of the NHS Trusts from which they commission services through the Designated Nurses for Safeguarding Children working with the Trusts to advise on safeguarding arrangements and to undertake safeguarding supervision with the Named Professionals. In addition, the Trusts are expected to provide quarterly reports as part of their contract with the CCGs and have a statutory requirement to complete an annual report for their Board. This will be considered in section 5 for each individual Trust.

As part of the CCG function, Designated Nurses take a lead on individual Trusts to develop relationships, provide scrutiny of the safeguarding children activity and deliver safeguarding supervision to the named nurses and midwives in the Trusts.

A project has been undertaken during 2014-15 to enable GPs through the System 1 electronic records keeping system. The intention is that community health services will also move across to this system to ensure joint working. From a safeguarding perspective, it is expected that this will strengthen the information sharing relating to child protection issues and the need for a single record to ensure that all practitioners have the appropriate level of information to enable them to keep a child safe.

Challenges

During 2014/2015 NHS England informed the CCGs that the Named GP roles would revert back to the CCGs in conjunction with the Co-commissioning plans. This will impact on the CCGs in relation to the continued funding of the role to maintain an effective service.

The NHS England provision of CAMHS tier 4 beds remains low nationally. This has implications for the local services when a child is in urgent need of a tier 4 service. During 2014-15 this issue was escalated to the CWHHE Collaborative Quality and Patient Safety Committee which as a consequence asked to receive regular updates from NHS England and the Central London CCG Children's Commissioner who are working together to improve the pathway between tier 3 and 4.

The Child Protection – Information Sharing (CP-IS) project is an NHS England sponsored work programme dedicated to delivering a higher level of protection to children who have been identified as affected by abuse or neglect when they visit NHS unscheduled care settings such as emergency departments and walk-in clinics.

The commissioning of health visitors will transfer from NHS England to the Local Authorities in October 2015. This has implications for the CCG with overall leadership of safeguarding across the health economy as there are workforce issues across North West London.

The commissioning of school nurses transferred to Local Authorities in April 2013 which led to reviews of the service in preparation for re-commissioning of the service during 2015-16. The safeguarding team has been consulted somewhat on the redesign but there needs to be continued involvement by the CCGs to ensure that any changes to the service do not have a negative impact on the safeguarding and welfare of children across the 5 boroughs.

3.3.1.1 Central London CCG / West London CCG / Hammersmith and Fulham CCG

Achievements

A FGM project was commenced by Westminster Council in conjunction with Imperial College HealthCare NHS Trust to improve working together to identify victims of FGM resident in one of the three boroughs and offer support and education to the mothers and wider families. The project has been successful and Westminster Council has managed to achieve funding from the Department of Health to expand it. The learning from this project will contribute to the planning for future service design across the five CCGs.

The learning from a serious case review identified poor communication between GPs and Health Visitors. This led to the Named GP for West London CCG leading a project across CWHHE CCGs to develop an electronic referral form for newly register families with children under 5 and improve the communication. The project will be formally reported to the CCGs and the LSCB in 2015-16.

Challenges

Hammersmith and Fulham CCG have a low level of GP registration for children which could have implications for the safeguarding outcomes for children at risk of harm. It is expected that any health professional that comes into contact with a family asks, and advises, about GP registration. However, evidence of evaluation of this model needs to be explored.

3.3.1.2 Hounslow CCG

Female Genital Mutilation (FGM) is an area which clinicians have a mandatory requirement to report. An FGM audit was completed in November/December 2014 - this was an audit into the current practices around the identification and management of FGM across acute and primary care within the borough of Hounslow. Once analysed it is expected that this will give a clear direction of the results for health. The Hounslow all member practices' safeguarding training for GPs in 2014 was focused on FGM as well as Child Sexual Exploitation (CSE).

Challenges

The Child Protection – Information Sharing (CP-IS) project has been on-going work with the local borough and the GPs to ensure that the CP-IS is achievable. This requires London Borough of Hounslow to have the system in place before the NHS services can become involved. This is not yet operational but the local borough is working to achieve system compliance.

The CCG monitors the progress of the Trusts via the CQGs to ensure that they have safeguarding arrangements in place. During 2015-16 the CCG will ensure that the safeguarding arrangements for West Middlesex University Hospital remain secure during the transition to joining with Chelsea and Westminster NHS Foundation Trust.

3.3.1.3 Ealing CCG

The Designated Nurse for Safeguarding Children has worked with the London Borough of Ealing to develop work on FGM. In February 2015 Ealing hosted a Government funded national conference. The Designated Nurse has worked on a report to advise the CCGs on the development of services to support women and girls affected by FGM.

Challenges

The key risk for the CCG over the year was that the Designated Doctor and Nurse roles for Looked after Children were not filled. By the end of the year recruitment was underway and the posts will be filled early 2015-16. The Designated Professionals for Safeguarding have monitored the progress of the LAC work to ensure that any issues have been addressed.

The London Borough of Ealing is working towards establishing the Child Protection Information System (CP-IS) but there have been delays due to the IT system. Once this happens the CCG will encourage the providers of the unscheduled care settings to link up to enable robust information sharing regarding children subject to child protection plan or in care using the settings.

3.3.2 Children Looked After (CLA)

There is a statutory requirement for an annual report to be produced by each CCG in relation to the progress of the health services to meet the needs of Children Looked After by the Local Authority. The Designated Professionals for CLA are completing the annual reports and these will be presented to the relevant CCG Governing Body and Health and Wellbeing Board. Some of

the information required is reliant on the data ratification by the Local Authorities and hence the reports tend not to be produced until November 2015.

During 2014-15 the CCGs undertook a review of the Designated CLA provision to ensure that it is appropriate across the collaborative. Following the review action was taken to secure the recruitment of Designated Professionals for Ealing CCG both due to commence their roles early 2015/16. The posts are filled in Hounslow, Central London, West London, Hammersmith and Fulham – they have substantive contracts with local acute or community trusts with arrangements in place for the Designated Nurses for CLA to align their work to the CCGs.

There will be, in 2015-16, increased reporting to the CCGs via the QPSRs in the respective CCGs in relation to those children placed outside of the boroughs. The CCGs will undertake increased monitoring of those children placed outside of the borough as the CCGs remain the responsible commissioners for the health services for those children. The reporting will focus on assuring the CCGs that the children are not at a disadvantage in how they receive the services they need because of their placement location. The placements are made by the Local Authorities and, therefore, the CCGs only responsible for commissioning the health services for the children.

3.3.3 Violence Against Women and Girls Partnership

In 2013, the London Mayor re-launched a strategy to set out the next stages in tackling Violence Against Women and Girls (VAWG), 'The Way Forward: taking action to end violence against women'. The Mayor's commitment is to reduce VAWG and increase the trust of victims that partner agencies are acting in their best interests to:

- Focus on prevention and create a culture based on equal rights and respect
- Hold perpetrators of VAWG to account
- Ensure that women and girls have access to protection, justice and be able to rebuild their lives

Each VAWG is responsible for developing its own strategy to enable the focus to be on the key risks for the respective borough.

The Designated Nurses represent the respective CCGs on the strategic partnership groups focusing on domestic abuse.

3.3.3.1 Central London, West London, Hammersmith and Fulham

Shared Services VAWG strategy 2015-18

- Access
- Response
- Community
- Practitioners
- Children and Young People
- Perpetrators
- Justice and Protection

The VAWG is developing a work plan with the CCGs to promote a consistent response in GP practices via the use of the Identification and Referral to Improve Safety (IRIS) model around domestic violence and abuse.

3.3.3.2 Hounslow

The action plan for 2015/16 has been drafted and considers supporting safer communities and protecting young people from reoffending, with a specific focus on:

- Domestic abuse
- Sexual violence
- Stalking and harassment
- Prostitution and trafficking
- Female Genital Mutilation
- Honour based violence and forced marriage

3.3.3.3 Ealing

The Designated Nurse for Safeguarding Children is the CCG representative on the strategic partnership group. The underpinning themes are:

- **Prevention** – preventing violence from happening in the first place, and/or from recurring, through education, awareness raising, identification of those at risk, and intervention.
- **Service improvement** – helping women and girls who experience all forms of violence, through appropriate, accessible, quality services.
- **Protection and support** – reducing the risk to those experiencing these crimes, by supporting them during criminal justice processes, ensuring perpetrators are brought to justice, and improving rehabilitation.
- **Effective partnerships** – working together to prevent VAWG, and to achieve the best outcomes for those experiencing violence and their families.

In addition, the VAWG intends embedding the recommendations from domestic homicide reviews into improvements in policy and practice.

3.4 PRIORITIES FOR 2015-16 FOR SAFEGUARDING CHILDREN

The CWHHE CCG Collaborative will work together to:

- Work with the LSCBs and the Health and Wellbeing Boards to explore the impact of changes in the commissioning of health visitors and redesign of school nursing services on the wider health system.
- Implement the requirements of the revised NHS England Accountability and Assurance Framework when it is published during 2015.
- Review the arrangements for implementing the health plan for Children Looked After who are placed out outside of the CWHHE boroughs.

- Strengthen the quality assurance of the health provision for Children Looked After and report to the Quality and Patient Safety Committees.
- Revise the contractual arrangements for the Designated Doctors and Named GPs across the collaborative to ensure that the arrangements are robust and represent good employment practice as set out in the NHSE Accountability Framework
- Review the current health services and ascertain what gaps there are in services across CWHHE to treat victims of Female Genital Mutilation both adult and children.
- Map the ways in which the CCGs engage with children and young people to seek their views on services and demonstrate to the LSCBs the type of engagement CCGs have with young people.
- Review the safeguarding requirements of providers within the primary care co-commissioning.
- Change the representation at LSCBs on behalf of the Director for Quality, Nursing and Patient Safety, with the Designated Professionals taking an active role in supporting the work across the LSCB to ensure the CCGs meet their statutory requirements
- Revise the quality schedules to ensure that providers are clear on the requirements to submit quarterly reports
- Continue to monitor the effectiveness of CAMHS services to meet the needs of the local population and challenge NHSE in relation to tier 4 where emergency care is not available.

3.4.1 Central London CCG / West London CCG / Hammersmith and Fulham CCG

- Strengthen the alignment of the CCG plans with the LSCB priorities for 2015-16:
 - Continue to deliver the core business of the Board at high quality
 - Improve the Board's effectiveness in reducing harm to children
 - Ensure effective, proportionate, multi-agency responses to safeguarding issues which affect children & young people with high levels of vulnerability
- Work with the Acute and Mental Health Trusts to ensure that training compliance improves and learning from cases is being taken forward
- Seek evidence from local health organisations, initially health visiting, of how advice is provided to families in relation to GP registration.

3.4.2 Hounslow CCG

- Ensure that safeguarding arrangements are robust within WMUH during the transition period of joining with Chelsea and Westminster Foundation NHS Trust.
- Review the effectiveness of the engagement of health services in working as part of the Multi-Agency Risk Assessment Conference process for those living with domestic abuse.
- Implement the learning from the current serious case review into commissioning robust services across Hounslow.
- Work with the LSCB to review the effectiveness and sustainability of the Child Death Overview arrangements currently joined with Richmond and Kingston.

3.4.3 Ealing CCG

- Complete the recruitment of the Designated Professionals for Children Looked After by the London Borough of Ealing.
- Develop a CLA quality assurance framework to encompass those placed within and outside of the borough to ensure that there is a consistently good standard of practice in place to meet the health needs of this population.

4. SAFEGUARDING ADULTS

During 2014-15 CCGs worked with Local Authorities to prepare for the implementation of the statutory duties set out in Care Act 2014 that came into force on 1st April 2015 (Appendix 1). During 2015-16 these duties will be put to the test and there will be an analysis, by the Safeguarding Adult Boards, of the effectiveness of the working together required under the Act in each borough.

There are six principles that underpin the multi-agency work to keep adults safe:

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

In September the CWHHE Collaborative commissioned an external safeguarding adults' audit which was undertaken by Baker Tilly. The audit concluded that the Governing Bodies could take reasonable assurance that the controls are in place to manage safeguarding risks. However, it also highlighted that the CCGs, to reduce the likelihood of risk, undertake to:

- Develop a safeguarding adults policy
Work has been undertaken to develop a safeguarding adults policy which will support the CCGs in achieving compliance with the Care Act. This was submitted to the five Governing Bodies in September 2015 and was approved.

- Ensure annual meetings with the Safeguarding Adult Board Chairs and engagement in the agenda setting for the Boards
The membership of the Boards has been reviewed and agreed with the Chairs. There are quarterly meetings established. As core members of the Board, the CCGs are engaged with setting the strategic plan for the Safeguarding Adult Boards.
- Make safeguarding training a more explicit key performance indicator (KPI) for providers
Training for safeguarding, MCA and Prevent will need to be made explicit in the core quality schedule and will be a key areas of focus for the respective provider Clinical Quality Groups to ensure that the CCG contract leads are aware of any shortfall in compliance before the end of the financial year.

4.1 SAFEGUARDING ADULT BOARDS (SABs)

From April 2015 each Local Authority was required to set up a Safeguarding Adults Board (SAB). The main objective of a SAB is to assure itself those local safeguarding arrangements and partners act to help and protect adults in its area who have care and support needs. The five boroughs already had partnership boards established but the Care Act sets out the minimum requirements of the Safeguarding Adult Boards.

The SAB has a strategic role in overseeing and leading adult safeguarding across the locality to prevent abuse and neglect across the whole area as well as ensuring that there is effective intervention to protect those who have been abused or neglected. The work of the SAB will include being assured about the safety of patients in local health services and the quality of care and support services. The statutory guidance emphasises the need for SAB partners to be empowered to challenge each other and other organisations where there are concerns that another organisation's safeguarding arrangements are ineffective in reducing the risk of abuse or neglect.

SABs are required to arrange a Safeguarding Adult Review (SAR) when:

'An adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult; or if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.'

In order for effective learning to be identified from SARs there must be active interagency working from all organisations involved in the case. Therefore, the legislation requires any relevant person or organisation must provide information to Safeguarding Adults Boards as requested.

CCGs are required to be core members of the SAB along with Local Authorities and the Police. These three members should agree chairing of the Board, which is recommended to be undertaken by an Independent Chair, funding arrangements and additional membership from provider trusts and other organisations based in the borough.

For 2015 -16 the CCG arrangements re representation on the SABs have been reviewed to ensure consistent deputising for the Director for Quality, Nursing and Patient Safety is undertaken by the Deputy Director for Quality, Nursing and Safeguarding/ Associate Director for Safeguarding. The SAB will

continue to be supported by the CCG Safeguarding Adult Nurses in taking forward the work of the subgroups.

4.1.1 Tri-borough (Westminster, Hammersmith and Fulham, Kensington and Chelsea)

The SAB was formally established In November 2013 and has an Independent Chair. During 2014-15 the Executive Board met on a quarterly basis.

A safeguarding adult review group was established to develop a framework for commissioning and undertaking reviews.

The CCGs have effectively discharged their function as core members during 2014-15 through funding, membership and active engagement in the activity of the SAB by the Safeguarding Adult Nurses.

Notable outputs for 2014-15:

- Care Act implementation of the Board functions
- Monitoring of the 'Making Safeguarding Personal' project led by the Local Authority
- Joint working with the LSCB- the Boards have hosted a joint event and identified shared areas of work
- Development of the Pressure Ulcer Protocol that the local organisations have signed up to and has contributed to NHSE work on pressure ulcers
- SAR arrangements and identification of potential SARs

4.1.2 Hounslow

The SAB has an established Independent Chair. Throughout 2014-15 the CCG has effectively discharged its statutory responsibilities to be a member of the LSCB through the contribution of funding to the SAB and representation on the main Board by the Director for Quality, Nursing and Patient Safety or Associate Director for Safeguarding. The Safeguarding Adult Lead has taken on an active role in working with the subgroups.

Notable outputs for 2014-15:

- The focus of the SAB during 2014-15 has been to develop arrangements for compliance with the Care Act and review the effectiveness of safeguarding arrangements. The CCG was involved in the recruitment of a Head of Safeguarding for the Local Authority who manages the SAB.
- The SAR group identified a case to carry out a learning event which will be considered in more depth for more effective multi-agency learning during 2015-16.

Challenges

For 2015-16 the recruitment of a new Independent Chair will take place to replace the current Chair who is stepping down. This will require the board to review its function and effectiveness.

4.1.3 Ealing

The SAB is chaired by the London Borough of Ealing Director for Adult Social Services.

Throughout 2014-15 the CCG has effectively discharged its statutory responsibilities to be a member of the SAB through the representation on the Board by the CCG Governing Body Clinical Lead for Safeguarding Adults and the Associate Director for Safeguarding. The Safeguarding Adult Lead has attended the Board as adviser.

Notable outputs for 2014-15:

- The focus of the SAB during 2014-15 has been to consider Prevent activity across the borough, Care Homes and monitoring the safeguarding arrangements of all members.
- For 2015-16 the membership of the SAB will be reviewed and funding arrangements will be renegotiated between core members.

4.2 SAFEGUARDING ADULT ACHIEVEMENTS AND AREAS FOR DEVELOPMENT ACROSS CWHHE

Achievements

There are two senior nurses, fully embedded in within the CCGs, who take the role of Safeguarding, MCA and Prevent Lead for the CCGs.

The team has worked as part of the CWHHE Quality Assurance Group for Continuing Health Care which ran between April and November 2014. The purpose and membership of the group is being revised and will be re-launched in 2015. The team works closely with the Continuing Health Care teams and Local Authorities to identify and respond to concerns and to attend the respective Sharing Information Groups in relation to those residents placed in Care Homes or receiving Domiciliary Care.

In April 2014 the CCGs commissioned Bucks New University to undertake a MCA project to deliver a training analysis of the health economy and develop a comprehensive training package that could be utilised across providers. The project is due for completion in December 2015. The project has engaged with Care Homes, GPs and some of the Trusts. The Safeguarding Adult Leads are supporting this project and facilitating engagement of the local organisations.

Challenges

- The team has been working with the Local Authorities to develop changes in line with the Care Act 2014 which came into force in April 2015 which make considerable changes to the work of CCGs in safeguarding adults
- The main focus of the team has been on safeguarding and quality issues within Care Homes within the CWHHE area or in relation to the care of patients placed in other boroughs which has had an impact on the capacity of the team to support the CCGs effectively in delivering all of the required statutory functions.

4.2.1 Central London/West London/Hammersmith and Fulham

The two leads work with the three CCGs and have engaged with local trusts to analyse the quarterly reports that the Trusts provide for safeguarding and MCA. They have advised the Trusts on safeguarding issues and commented on serious incident reports relating to safeguarding adults.

The team has identified themes for further attention in the local areas which impact on the work of the CCGs. These themes include modern slavery, safeguarding risks in the homeless population, and suicide incidents in mental health units. The team is working with the SAB to ensure that there is an appropriate response to these issues from health services.

Challenges

It is recognised that there are challenges in how the local facilities meet the needs of patients with complex conditions which places pressure on the system to achieve good quality care for the patients for whom the CCGs are responsible for commissioning services. The safeguarding team works closely with the LA safeguarding team and the commissioners of Continuing Health Care (CHC) to improve the identification and response to areas of risk.

4.2.2 Hounslow

The Safeguarding Lead has worked closely with the Local Authority and Joint Commissioning Team to undertake work with providers of concern as well as with the local Trusts to support them in developing their compliance for the Care Act and reflect on case issues.

The CCG monitors the progress of the Trusts via the CQGs to ensure that they have safeguarding arrangements in place. During 2015-16 the CCG will ensure that the safeguarding arrangements for West Middlesex University Hospital remain secure during the transition to joining with Chelsea and Westminster NHS Foundation Trust. Funding has also been reallocated so that there will be an adult safeguarding post working across Hounslow CCG.

Challenges

There have been substantial vacancies across continuing health care alongside concerns regarding the sustainability and quality of care provision due to financial difficulties and staffing problems in a care provider. The CCG works closely with the Local Authority to monitor care providers to identify any quality or safeguarding concerns and respond appropriately.

4.2.3 Ealing CCG

The Safeguarding Lead has developed close working with the CHC which is hosted by the CCG. This has enabled early identification of risks within the Care Home settings and a clear plan to respond to improve the quality within the homes. The Lead has also worked closely with the LA to enable joined up visits to take place in homes where there are known concerns.

The CCG has monitored the progress of the newly formed London North West Health Care Trust to improve the reporting framework that is aligned to Ealing CCG as well as Brent, Harrow and Hillingdon CCGs.

Challenges

Ealing is an area with a high number of Care Homes which are used by other CWHHE CCGs and LAs for placements. This places pressure on the capacity of the safeguarding services within the Local Authority to address the extent of the safeguarding issues across the borough.

4.3 MENTAL CAPACITY ACT AND DEPRIVATION OF LIBERTY SAFEGUARDS

4.3.1 Mental Capacity Act (MCA)

The CCGs are responsible for commissioning services that have sufficient arrangements in place to ensure that all patients are able to express their own wishes and preferences. All commissioned services must have policies and procedures in place as well as a clear training programme. The Department of Health has advised that organisations should be mindful not to reduce the “MCA voice” if the MCA lead role is assigned to the Safeguarding Lead. This poses a challenge of CCGs and Providers to ensure that MCA is given due attention.

Within the CCGs the MCA lead role is delivered by the safeguarding leads whilst the arrangements across providers vary. In 2013-14 it was recognized that there was a lack of training and awareness of MCA across the whole health landscape in England and CWHHE reflected the national picture. This resulted in CWHHE CCGs being successful in a bid for funding from NHS England which was used to commission a project from Bucks New University to analyse the training and awareness locally and develop new training materials in consultation with Care Homes, Trusts and Primary Care. The project is continuing during 2015-16 in the delivery of training and development of a sustainable web based training package.

MCA will need to continue to be a priority for the CCGs to ensure that they can gain assurance from commissioned services that there is an organizational culture which ensure that the wishes of patients are at the forefront of any decision making regarding the care and treatment of the individual.

MCA training figures have not been included in this report but trusts will be asked to include these in the annual report for 2015-16, meanwhile the figures continue to be monitored through contractual arrangements on a quarterly basis.

4.3.2 Deprivation of Liberty Safeguards

A Supreme Court Judgment (‘**Cheshire West**’) on 19 March 2014 dramatically widened the definition of a Deprivation of Liberty Safeguards. This has had a substantial impact on the Local Authorities across the CWHHE area and the CCGs need to consider their role in ensuring that local health services comply with the ruling.

Any deprivation of liberty (where the person lacks capacity to consent to it and they are not being detained under the Mental Health Act), can only be lawful if it has been authorised

through the Deprivation of Liberty Safeguards (DoLS) if it is in a care home or hospital, or by an Order of the Court of Protection (CoP) for any other setting.

4.3.2.1 Cheshire West

In 'Cheshire West', the Supreme Court decided that 3 individuals, each with a learning disability, had each been deprived of their liberty in their respective packages of care and accommodation, which had been arranged by local authorities. The acid test for assessing whether a person is being deprived of their liberty without consent is when the individual:

is "under continuous supervision and control and not free to leave".

The number of DoLS referrals to the Local Authorities as the supervisory bodies has increased significantly across all of the boroughs within the CWHHE area which is reflective of the national picture.

Despite the increase in referrals it is estimated nationally that there are still a significant number of individuals meeting the 'acid test' for being deprived of their liberty within care homes and acute hospital settings due to insufficient recognition by the staff in these areas and the impact on the work required undertaking this activity for the Local Authorities.

The impact to date has been recognised within Local Authorities within the CWHHE area but will need to be examined to a greater depth within acute hospital, care homes and mental health settings.

CCGs are responsible for commissioning services that are compliant with the DoLS legislation, including the Supreme Court ruling. The requirement has been included within the contracts for the main Trusts for 2015-16 but this will need a more intensive level of monitoring than has taken place during 2014-15. Within Trusts and Care Homes the organisation is required to refer to the Local Authority to be able to authorise a DoLS

CCGs are responsible for the supported living / domiciliary care arrangements they commission that may also deprive someone of their liberty. The CWHHE CCGs will work with Local Authorities to consider the impact of this work and ensure there is consideration in relation to identifying the cases, developing a clear process for referring to the Court of Protection.

There is also concern that the deaths of those detained, including those subject to a DoLS in a care home, will be required to be reported to the Coroner to investigate. This has been escalated to NHS England for discussion at their National Safeguarding Group.

The CWHHE CCGs will require assurance for 2015-16 that they are compliant with the legislation and Supreme Court ruling.

4.4 PREVENT

The Government's counter-terrorism strategy is known as CONTEST. *Prevent* is part of CONTEST, and its aim is to stop people becoming terrorists or supporting terrorism. The strategy promotes collaboration and co-operation among public service organisations. The Office for Security and Counter Terrorism in the Home Office is responsible for providing strategic direction and governance on CONTEST.

CONTEST has four key principles:

- **Pursue:** to stop terrorist attacks
- **Prevent:** to stop people becoming terrorists or supporting terrorism
- **Protect:** to strengthen our protection against a terrorist attack
- **Prepare:** to mitigate the impact of a terrorist attack.

The health service is a key partner in *Prevent* and encompasses all parts of the NHS, charitable organisations and private sector bodies which deliver health services to NHS patients.

In January 2015 (Gateway reference 02799) the Chief Nursing Officer for NHS England wrote to all trusts advising them of the forthcoming *Prevent* duty intended to 'ensure that bodies serving the public play a full role in their work to prevent people from being drawn into terrorism'. This duty became enshrined in law through the Counter-Terrorism and Security Act 2015 which was enacted on 12th February 2015.

This duty requires all CCGs and Providers of NHS services to ensure that their staff are trained to be competent in identifying and responding appropriately to any suspected radicalisation. This is a requirement in the contracts for 2015-16 and trusts will be expected to provide assurance to the CCGs on a quarterly basis.

4.5 DOMESTIC HOMICIDE REVIEWS

Domestic Homicide Reviews (DHRs) were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004). This provision came into force on 13th April 2011. The purpose is for the strategic multi-agency network to identify and implement learning from the review.

CCGs are required to arrange for representation on a DHR panel to enable learning to be embedded across the health economy. During 2014-15 the CCGs were represented by the Safeguarding Team.

The learning from these reviews will be shared with the relevant CCG QPSR Committee and Providers once the reviews are complete.

Table 1: DHR by CCG

Borough	Number of DHRs completed (2014/15)	Number DHRs ongoing
Westminster (Central London CCG)	0	1
Kensington & Chelsea (West London CCG)	0	1
Hammersmith and Fulham	0	0
Hounslow	0	0
Ealing	2	2

4.6 TRANSFORMING CARE (WINTERBOURNE VIEW)

The Winterbourne View scandal, exposed by the Panorama programme led to the Government pledge to move all people with learning disabilities and/or autism inappropriately placed in such institutions into community care by June 2014. This was not achieved across the country and there were concerns that more people have been admitted to institutions. NHS England requested that CCGs aim for 50% of those inappropriately placed to be discharged by the end of March 2015. This was achieved in Central London, West London, Hammersmith and Fulham but not achieved in Hounslow and Ealing, although it was considered that some of the patients were not inappropriately placed as they remained inpatients due to complex issues.

During 2014-15 NHS England required CCGs to move from quarterly reporting of the movement of patients into and out of acute hospital facilities to fortnightly submissions. In addition NHS England offered Independent Care and Treatment Reviews to support CCGs in identifying any blocks to effective discharge.

Both Ealing and Hounslow have faced challenges in being able to discharge all of their remaining patients. This has been due to the complexity of needs of these patients. The CCGs have engaged with NHS England to ensure that independent Care and Treatment Reviews have been undertaken. There will be challenges for all of the CCGs in maintaining patients in the community with the support of specialist services.

Work has been undertaken across CWHHE and North West London to develop a joint approach to the development of the Like Minded Health and Wellbeing Strategy. A business case will be taken to the NWL Mental Health Transformation Programme Board in July 2015.

This work is now entitled 'Assuring Transformation' or 'Transforming Care' by NHS England.

The learning from 2014-15 has informed the priority areas for 2015 -16. These are separated into safeguarding children and adult sections as well as identifying those areas shared by the 5 CCGs or issues for particular CCGs.

4.7 PRIORITY AREAS FOR 2015 -16 FOR SAFEGUARDING ADULTS

4.7.1 CWHHE priorities

The CWHHE Collaborative CCGs will work together to:

- Approve the safeguarding adults policy
- Review the job description and function of the Safeguarding Leads to ensure compliance with the Care Act 2014.
- Develop the job plan of the Safeguarding Leads to incorporate the development of a quality improvement framework for Care Providers in light of the risks highlighted in Care Homes and other providers.
- Strengthen the monitoring of MCA and PREVENT training compliance across commissioned services within the contract monitoring process.
- Monitor the impact of the joint role of safeguarding and MCA within the CCGs and local providers on the experience of patients.
- Develop a PREVENT strategy and ensure that the quarterly submissions to NHS England in relation to PREVENT demonstrate progress aligned to the strategy.
- Triangulate the evidence of training compliance with monthly activity data and serious incidents across commissioned services to identify any areas of risk and address with the services concerned.
- Consider the design and procurement of appropriate local services for those patients with a learning disability requiring assessment and treatment.
- Review the effectiveness of the CCGs in commissioning services that are compliant with the statutory requirements for DoLS.
- Establish a framework to ensure that the CCGs are effectively discharging their functions for identifying patients deprived of their liberty and arranging timely applications to the court of protection.
- Review the impact of the health system changes across North West London on the welfare of those adults who are at risk of abuse or neglect.
- Review the safeguarding requirements of providers within the co-commissioning of primary care
- Review arrangements for sharing information with the SABs to ensure that they are compliant.
- Ensure that safeguarding adults is included within the Quality Schedules for the Central Contracts.

4.7.2 Central London CCG / West London CCG / Hammersmith and Fulham CCG

- Monitor the impact of the tri-borough Suicide Prevention Strategy on raising awareness of services across the area.
- Work with the SAB to review the effectiveness of local safeguarding arrangements for the homeless population in light of the Care Act 2014
- Ensure that learning from DHRS and SARs are assimilated into the contracting of services

4.7.3 Hounslow CCG

- Continue to ensure that those patients with a learning disability are provided with appropriate care and support services within the community
- Work with the Local Authority to ensure that the care packages provided for patients with care and support needs are effective in maintaining the welfare of the patients.
- Monitor the effectiveness of safeguarding arrangements within WMUH during the transition phase of the trust joining with Chelsea and Westminster Foundation NHS Trust
- Continue to oversee the evidence provided in relation to the care and treatment of patients within the assuring transformation cohort to ensure that appropriate placements are commissioned.

4.7.4 Ealing CCG

- Continue to work as a statutory member of the SAB to develop effective sub groups.
- Work with the other statutory members of the SAB to establish a clear system for undertaking Safeguarding Adult Reviews that are compliant with the Care Act Guidance 2014.
- Strengthen joint working with the Local Authority to improve the quality of Care Home provision across Ealing, including contributing to safeguarding enquiries leading to provider concern.
- Continue to monitor the evidence provided in relation to the care and treatment of patients within the assuring transformation cohort to ensure that appropriate placements are commissioned.

5. HEALTH PROVIDERS ACROSS CWHHE

The CCGs commission services from a range of organisations; however, this report focuses on the main contracts with NHS Trusts, 111 and Care Homes.

All of the trusts with which the CCGs commission their main services are subject to a Clinical Quality Group on a monthly basis. Within the agenda there is a quarterly item within which the Trust is expected to present quarterly safeguarding children and adults report.

The CCG Safeguarding Team analyse the reports to give assurance to the CCGs on a quarterly basis regarding the effectiveness of the local health economy. The CCG Team also provides feedback to the trusts on areas to develop for improvement.

Trusts are required to have in place:

- Board awareness of safeguarding issues in an annual report for safeguarding children
- Board level leadership and accountability for safeguarding
- Safe Recruitment procedures and a review of systems following the reports relating to Savile
- Evidence of engagement in local multi agency partnership working
- Policies and procedures safeguarding, MCA and PREVENT

- Training for staff (for 2014-15 the contractual compliance requirement was 85%) Levels 1-3 need reporting for children, level 1 for adults although some trusts have developed training to level 2 and 3.
- Evidence of audits and learning from cases (for children but it is expected that Trusts will also undertake this for safeguarding adults for 2015-16)

Table 2: Overview of Safeguarding Arrangements across Providers showing levels of compliance (more detail in corresponding sections).

Provider	Board annual report	Leadership	Safe Recruitment	Partnership Working	Policies & Procedures	Training Compliance		Evidence of Audit Schedule
						Child	Adult (level 1)	
WMUH	5.1.1	5.1.2	5.1.3	5.1.4	5.1.5	5.1.6	5.1.6	5.1.7
ICHT	5.2.1	5.2.2	5.2.3	5.2.4	5.2.5	5.2.6	5.2.6	5.2.7
CHELWEST	5.3.1	5.3.2	5.3.3	5.3.4	5.3.5	5.3.6	5.3.6	5.3.7
LNWHT	5.4.1	5.4.2	5.4.3	5.4.4	5.4.5	5.4.6	5.4.6	5.4.7
WLMHT	5.5.1	5.5.2	5.5.3	5.5.4	5.5.5	5.5.6	5.5.6	5.5.7
CNWL	5.6.1	5.6.2	5.6.3	5.6.4	5.6.5	5.6.6	5.6.6	5.6.7
CLCH	5.7.1	5.7.2	5.7.3	5.7.4	5.7.5	5.7.6	5.7.6	5.7.7
HRCH	5.8.1	5.8.2	5.8.3	5.8.4	5.8.5	5.8.6	5.8.6	5.8.7

Table 2 shows that the CCGs can be assured of the majority of the safeguarding arrangements across CWHHE. There are, however, some areas that require additional assurance, particularly safeguarding children training across all levels and safeguarding adults training within Chelsea and Westminster. The detail of these issues is included in the following sections.

5.1 WEST MIDDLESEX UNIVERSITY HOSPITAL NHS TRUST (LEAD COMMISSIONER: HOUNSLOW CCG)

5.1.1 The Trust Board received the safeguarding children annual report in June 2015.

5.1.2 Leadership and accountability

During 2014/15 the Executive Leadership was provided by the Director of Nursing and Midwifery supported by the Director of Quality Improvement. There is a Named Doctor, Named Nurse and Named Midwife in place for safeguarding children; a Matron takes the lead for Safeguarding Adults and MCA, supported on a day to day basis by all Matrons in the Clinical Divisions who have the responsibility for safeguarding adults within their own sphere of responsibility. One of the 'Care of the Elderly' Consultants continues to be an active member of the Trust's Safeguarding Adults Steering Group.

5.1.3 Safe Recruitment and Savile

The Trust reports that it has safe recruitment systems in place and that it is reviewing the Savile report recommendations but at the time of the annual report had not identified any gaps in its systems and processes.

5.1.4 Multi agency partnership working

The Trust has engaged with the LSCB and SAB work with good attendance at meetings and contribution to case audits where required.

5.1.5 Policies and procedures

The Trust has a policy in place for safeguarding children which has been reviewed by the CCG Safeguarding Team.

5.1.6 Training for staff (for 2014-15 the compliance requirement was 85%)

In 2014/15 the Trust reported that there had been a significant challenge to achieve compliance at level 2 due to difficulties in releasing the adult nursing workforce. This will be addressed with the use of an e learning module for 2015-16.

Table 3: Training Compliance

Safeguarding Children	% compliance	Safeguarding Adults	%Compliance
Level 1	92%	Level 1	90%
Level 2	63%	Level 2	N/A
Level 3	80%	Level 3	N/A
Overall	78%	Overall	90%

5.1.7 Evidence of audits and learning from cases

The trust has reviewed and improved its practice in relation to:

- Pressure Ulcers
- Dementia Care
- Deprivation of Liberty Safeguards
- Safeguarding Adult Referrals

5.2 IMPERIAL COLLEGE NHS TRUST (LEAD COMMISSIONER: H&F CCG)

5.2.1 Annual Report

The Trust Board received the Annual reports for safeguarding adults and children on 27th May 2015

5.2.2 Leadership and accountability

There is a clear leadership structure for both safeguarding children and adults within the trust. The Director of Nursing is the Executive Lead supported by the Deputy Director for Patient Experience for Safeguarding Adults and the Deputy Director

There are senior managers in each directorate who take a responsibility for safeguarding. There is a Named doctor, Nurse and Midwife for Safeguarding Children in place. During the year the Trust appointed one of the care of the elderly physicians to the role of the named doctor for adult safeguarding.

5.2.3 Safe recruitment

All staff employed at the Trust undergoes a DBS check prior to employment and those working with children undergo an enhanced level of assessment.

The Trust Board addressed the Lampard report recommendations in relation to Savile on 27th May 2015. This followed on from the review of systems during 2012-13 in relation to the initial Savile investigation. The Trust completed an action plan which was submitted to the Trust Development Authority (TDA) and did not identify any additional actions.

5.2.4 Multi agency partnership working

The Trust has engaged with the LSCB and SAB in the tri-borough including representation on the main boards and subgroups.

5.2.5 Policies and procedures

The Trust has policies and procedures in place to support staff to recognize and respond to safeguarding issues.

The Trust has a policy and process in place for following up children who miss outpatient appointments within any specialty to ensure their care and wellbeing is not compromised. In addition, the Trust has a system in place for flagging children who are subject to a child protection plan from the four neighbouring boroughs.

5.2.6 Training for staff (for 2014-15 the compliance requirement was 85%)

Table 4: Training Compliance

Safeguarding Children	% compliance	Safeguarding Adults	%Compliance
Level 1	80%	Level 1	80%
Level 2	87%	Level 2	N/A
Level 3	74%	Level 3	N/A
Overall	84%	Overall	80%

The CQC noted in their inspection report that staff, when questioned, knew what to do in relation to safeguarding adults. There have also been cases involving children have demonstrated that the staff have a good understanding of safeguarding children issues.

5.2.7 Evidence of audits and learning from cases (for children but it is expected that Trusts will also undertake this for safeguarding adults for 2015-16)

The Trust reports a 25% increase in referrals during the year which is possibly due to raised awareness of safeguarding issues. However, the majority of referrals are reported to be in relation to pressure ulcers. The Trust reports that there are monthly conference calls between the Trust and Tri-Borough colleagues to track cases and validate outcomes for safeguarding alerts raised by the Trust.

The Trust commissioned an internal audit of its adult safeguarding arrangements in December 2014 and Trust is working on the improvements recommended by the audit, including reporting and recording incidents, training.

5.3 CHELSEA AND WESTMINSTER NHS FOUNDATION TRUST (LEAD COMMISSIONER: WEST LONDON CCG)

5.3.1 5.3.1 Annual Report

The Trust Board does not appear to have had a briefing on the Trust's safeguarding annual report at the time of writing this report; however, the Trust has openly shared the draft reports with the CCG.

5.3.2 Leadership and accountability

The Chief Nurse is the executive Lead for Safeguarding Children and Adults. The relevant posts are in place: Named Doctor, Nurse and Midwife for Safeguarding Children; Safeguarding Adults Lead; Mental Capacity Act Lead.

5.3.3 Safe Recruitment and Savile

The Trust works to NHS safe recruitment practices and the Human Resources recruitment team has undertaken safe recruitment training. The Trust has developed an action plan in response to its learning from Savile. However, it is not clear whether the Trust Board has had sight of this action plan.

5.3.4 Multi agency partnership working

The Trust is fully engaged with the work of the Local Safeguarding Children and Adults' Boards at an appropriately senior level. However, the Trust reports that it is finding challenges in securing effective contribution to some of the Safeguarding Adult Board subgroups but until April 2015 the Board was not statutory and so it is expected that this will improve in 2015-16.

5.3.5 Policies and procedures

The Trust reports that the safeguarding policies are currently under review to bring together the policies for this Trust and that of West Middlesex University Hospital Trust.

5.3.6 Training for staff (for 2014-15 the compliance requirement was 85%)

Table 5: Training Compliance

Safeguarding Children	% compliance	Safeguarding Adults	%Compliance
Level 1	Not reported *	Level 1	Not reported *
Level 2	81%	Level 2	N/A
Level 3	76%	Level 3	N/A
Overall	78.5%	Overall	N/A

*The Trust has reported that it has completed 100% compliance with level 1 safeguarding adults and children training through the delivery of a leaflet to all staff. The CCG Safeguarding Team has raised concerns with the Trust that this does not constitute level 1 training but rather awareness raising. The Trust has arranged for an e-learning package to be used as the level 1 training for 2015-16 for safeguarding children. The Trust has set out a plan to improve the training compliance and this has been reported at the Trust Board.

5.3.7 Evidence of audits and learning from cases (for children but it is expected that Trusts will also undertake this for safeguarding adults for 2015-16)

The Trust undertakes extensive analysis of the themes of cases being referred to safeguarding. The Trust has developed a Confidential Social Information Log to enable information to be followed up. During 2014-15 the Trust identified that the main reasons for logging a concern were:

- 43.8% children's services' involvement
- 21.9% adult at risk
- 20.5% domestic abuse
- 18.2% mental health issues

5.4 LONDON NORTH WEST HEALTH CARE NHS TRUST (LEAD COMMISSIONER (COMMUNITY) : EALING CCG / ACUTE: HARROW CCG /ASSOCIATE COMMISSIONER (ACUTE): EALING CCG)

5.4.1 Annual Report

The Trust board received a safeguarding children annual report in July 2015 and a quarter four safeguarding adults report.

5.4.2 Leadership and accountability

Executive responsibility for safeguarding children and adults sits with the Chief Nurse supported by the Deputy Chief Nurse who takes a corporate lead in ensuring the needs of children and adults at risk are taken into account. The trust has a safeguarding board which has a 3 year strategy to improve systems across the trust.

5.4.3 Safe Recruitment

The Trust reports that it has safe recruitment procedures in place.

The Trust Board has reviewed the Savile recommendations and has an action plan in place to address issues in relation to work experience and security access for mortuaries and some units within the Ealing site as well as monitoring celebrity visits.

5.4.4 Multi agency partnership working

The Trust co-operates with the Local Authority and has reviewed membership of the Safeguarding Adult Board to ensure representation at an appropriate level of seniority.

5.4.5 Policies and procedures

The Trust reports that it has developed an integrated safeguarding adults' policy across the Trust which is in line with the Safeguarding Adult Boards. The Trust has ratified policies in relation to domestic violence, training, safeguarding supervision

5.4.6 Training for staff (for 2014-15 the compliance requirement was 85%)

Table 6: Training Compliance

Safeguarding Children	% compliance	Safeguarding Adults	% Compliance
Level 1	97.4% (Community 99.40%)	Level 1	95% (community 95.18%)
Level 2	75.27% (community 86.71%)	Level 2	63.45% (community 83.44%)
Level 3	77.25% (community 87.44%)	Level 3	100% (community 100%)
Overall	83.31% (community 91.18%)	Overall	86.15% (community 92.87%)

The Trust is developing its programme for Prevent training; it now has a lead and reports quarterly to NHS England.

5.4.7 Evidence of audits and learning from cases (for children but it is expected that Trusts will also undertake this for safeguarding adults for 2015-16)

The Trust has conducted audits in relation to:

- Vulnerability in maternity which identified that 10-14% women booked in at Ealing required additional support
- Training audit
- Mash

5.5 WEST LONDON MENTAL HEALTH NHS TRUST (LEAD COMMISSIONER: EALING CCG/ ASSOCIATE COMMISSIONER: HOUNSLOW AND H&F CCGs)

5.5.1 Annual Report

The Trust has developed a joint safeguarding children and adults annual report but at the time of writing this report it had not been submitted to the Trust Board. It is expected that this will happen in September 2015. However, the Trust has been open in sharing the key information required for assurance.

5.5.2 Leadership and accountability

The Trust's Medical Director is Executive Lead for Safeguarding children and adults. The Director of Safeguarding (includes role of Named Doctor) leads the team and represents the Trust at external meetings. The team also comprises a Named Nurse for safeguarding children, training officer, administrative support for both aspects of the service. During 2014-15 a new post was created for a Named professional for Safeguarding Adults. The Trust was unsuccessful in finding a suitable candidate but has managed to fill it in the interim through an internal secondment.

5.5.3 Safe Recruitment

The Trust has undertaken a review following the Lampard report into Savile. The report to the Trust Board indicates that the Trust has safe recruitment systems in place to ensure that all staff and volunteers are subject to the appropriate checks to keep patients safe.

5.5.4 Multi agency partnership working

The Trust is engaged with Hounslow, Ealing and Tri-borough LSCBs and SABs with appropriately senior representation on the main Boards and sub groups.

5.5.5 Policies and procedures

The Trust has reviewed its safeguarding children policy and child visits to Inpatients. The Trust reports that it commenced a review of its safeguarding adults' policy in April 2015.

5.5.6 Training for staff (for 2014-15 the compliance requirement was 85%)

Table 7: Training Compliance

Safeguarding Children	% compliance	Safeguarding Adults	% Compliance
Level 1	99%	Level 1	89%
Level 2	92%	Level 2	N/A
Level 3	70%	Level 3	N/A
Overall	87%	Overall	89%

5.5.7 Evidence of audits and learning from cases (for children but it is expected that Trusts will also undertake this for safeguarding adults for 2015-16)

The Trust undertakes regular monitoring of incidents, referrals and children visiting wards. It has commenced the analysis of data on adults who are carers and have contact with children. It reports that between 25-47%, depending on the service, of new service users attending for assessment have caring responsibilities.

5.6 CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST (LEAD COMMISSIONER: HARROW/ ASSOCIATE COMMISSIONER: WEST LONDON CCG)

5.6.1 Annual Report

The Trust Board received a Safeguarding Annual Report on 8th July 2015

5.6.2 Leadership and accountability

The Director of Nursing & Quality provides executive leadership for safeguarding in the Trust. The Associate Director for Quality, Safeguarding and Safety, is accountable for safeguarding and day to day management of the safeguarding team. The Trust reports that it has reviewed its corporate structures which have led to an increase in the capacity for safeguarding adults and Mental Capacity Act.

The Board receives regular updates on safeguarding issues and there is a safeguarding subcommittee in place.

5.6.3 Safe Recruitment

The Trust reports that it has reviewed the Saville report and is identifying areas for learning.

5.6.4 Multi agency partnership working

The Trust is fully engaged with the Local safeguarding children and adult Boards with regular attendance by an appropriately senior level of staff and contribution to reviews. The Trust has also enabled the safeguarding adult lead to take on the role of chairing a sub group for the tri-borough safeguarding adult board.

5.6.5 Policies and procedures

The Trust has reviewed the key national guidance and reports relevant to the services it provides.

5.6.6 Training for staff (for 2014-15 the compliance requirement was 85%)

Table 8: Training Compliance

Safeguarding Children	% compliance			Safeguarding Adults	% Compliance
	K&C	Westmins ter	CAMHS		
Level 1	87%	81%	90%	Level 1	92%
Level 2	87%	87%	86%	Level 2	N/A
Level 3	-	-	97%	Level 3	N/A
Overall	(Trust wide 90.33%)			Overall	92%

The Trust reports that substantial work has been undertaken to meet the target of 85% compliance with safeguarding children training and that the deficit in Westminster has been addressed by the Borough Director. The Trust reports that Safeguarding adults training is mandatory for all staff within the Trust. The Safeguarding Adult Survey 2014 supported by the recent CQC visit show that staff have a greater awareness of safeguarding and how to report a

concern. All staff completed MCA e-learning package which has a competency test at the end of each module to check learning has occurred.

5.6.7 Evidence of audits and learning from cases (for children but it is expected that Trusts will also undertake this for safeguarding adults for 2015-16)

The Trust has worked with the LSCB to review cases involving safeguarding children.

The Trust reports that it has participated in the local safeguarding adult peer review with LA partners and has developed action plans which have looked at the interface between LA and Trust data bases and better single point of entry access for adult safeguarding referrals.

The Trust has carried a number of Mental Capacity Act audits across all services.

The findings show that there continues to be a need for ongoing support in helping staff show evidence of capacity assessments in clinical notes.

5.7 CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST (LEAD COMMISSIONER: CENTRAL LONDON CCG / ASSOCIATE COMMISSIONER: WEST LONDON AND H&F CCGs)

5.7.1 6.7.1 Annual Report

The Trust Board received an annual safeguarding report in June 2015. The Trust also published a declaration of safeguarding compliance.

5.7.2 Leadership and accountability

The executive leadership for safeguarding is provided by the Chief Nurse. Named Nurses for safeguarding children are in place but there continues to be an interim arrangement for a Named doctor. There are safeguarding adult leads in place. Overarching management of the team is provided by the Head of Safeguarding.

5.7.3 Safe Recruitment

The Trust has safe recruitment procedures. In response to the Savile inquiry the Trust reports that it has developed an action plan to identify any additional measures that are required to ensure patient safety. The trust has reviewed the arrangements in place relating to the voluntary service to ensure that they are fit for purpose; that volunteers are properly recruited and trained and have appropriate management and supervision.

5.7.4 Multi agency partnership working

The Trust has worked very closely with the safeguarding children and adults boards. This has included chairing a subgroup for the safeguarding children board and engaging in a range of subgroup work and training.

5.7.5 Policies and procedures

Safeguarding policies are in place. The safeguarding adults' policy has been amended to ensure it is compliant with the Care Act 2014.

5.7.6 Training for staff (for 2014-15 the compliance requirement was 85%)

Table 9: Training Compliance

Safeguarding Children	% compliance	Safeguarding Adults	% Compliance
Level 1	84%	Level 1	86%
Level 2	89%	Level 2	93%
Level 3	90%	Level 3	100%
Overall	87.67%	Overall	93%

5.7.7 Evidence of audits and learning from cases (for children but it is expected that Trusts will also undertake this for safeguarding adults for 2015-16)

The Trust has undertaken audits of attendance at child protection conferences and themes in relation to referrals.

5.8 HOUNSLOW AND RICHMOND COMMUNITY NHS TRUST (LEAD COMMISSIONER: HOUNSLOW CCG)

5.8.1 Annual Report

The Trust has completed annual reports for both safeguarding children and adults. The adult report was presented to the Trust board in June 2015, the children's report is due to be presented in September 2015 but the trust agreed to share this with the CCG.

5.8.2 Leadership and accountability

The executive lead for safeguarding is the Director of Quality and Clinical Excellence. During 2014-15 HRCH had named professionals for safeguarding children in place. The team has faced a number of challenges through the year as there have been several staff changes and prolonged periods of sick leave which has depleted the team by up to 50% at times. The Trust engaged with the CCG to report and recruited an interim named nurse.

5.8.3 Safe Recruitment

The Trust reports that it has safe recruitment systems in place. The Trust reports that it has reviewed the Savile Report to identify areas for learning.

5.8.4 Multi agency partnership working

The Trust has engaged with the LSCB and SAB during 2014-15. The trust has contributed to a serious case review in relation to a child and in case audits. The Trust has put forward several cases to the Safeguarding Adult Board as potential safeguarding adult reviews. These were not considered to meet the criteria by the case review subgroup but this will be part of further joint working to consider how the partnership can work more effectively at an operational level.

5.8.5 Policies and procedures

The trust has safeguarding children policy and procedures in place including a Safeguarding Children's Supervision Policy and DNA (Did Not Attend) which were developed during 2014-15. In addition, the trust is developing more in depth guidelines FGM guidelines, child sexual exploitation and domestic abuse. There will also be an update of the Safeguarding Children Policy in 2015-16.

For adults two policies have been ratified during the year, restraint and deprivation of liberty

5.8.6 Training for staff (for 2014-15 the compliance requirement was 85%)

Table 10: training Compliance

Safeguarding Children	% compliance	Safeguarding Adults	% Compliance
Level 1	94.71%	Level 1	93.1 %
Level 2	83.58%	Level 2	50%*
Level 3	78.43%	Level 3	N/A
Overall	85.57%	Overall	

*Safeguarding adults training level 1 has been achieved. The trust has been working on developing a level 2 training during 2014-15 targeting District Nurses. In addition, specific training for MCA is 86.3%.

5.8.7 Evidence of audits and learning from cases (for children but it is expected that Trusts will also undertake this for safeguarding adults for 2015-16)

The Trust reports that audits were undertaken in relation to record keeping, supervision and child protection conference attendance. The trust engaged with the LSCB in looking at case audits during the year.

The Trust monitors all safeguarding adult alerts and referrals to identify themes and outcomes. The majority of the alerts have been due to pressure ulcers. There has also been a theme in relation to concerns regarding those patients being cared for in their own homes.

5.9 111 AND CENTRAL CONTRACTS

5.9.1 111

The 111 services commissioned by the CWHHE CCGs are monitored via the Provider's Clinical Quality Groups (CQG). As part of the standard NHS contract the services are expected to comply with national safeguarding requirements. 111 for Ealing and Hounslow is provided by Care UK with the lead CCG as Hillingdon. The Designated Nurses for Safeguarding Children for Ealing and Hounslow attend the CQG.

The 111 service for Central London, West London, Hammersmith and Fulham is provided by LCW which is monitored by the Quality Improvement and Clinical Assurance Manager for CWHHE.

The providers have completed safeguarding children audits but there needs to be more explicit evidence submitted to demonstrate compliance with statutory requirements.

For 2015-16 there are clear KPIs in relation to safeguarding training and the safeguarding team will work with the quality leads to evaluate the compliance.

5.9.2 Central Contracts

Staff developing central contracts are expected to ensure that safeguarding is included as standard within all contracts in relation to leadership, training, policies and procedures. During 2014-15 it has become evident that there is a gap in how the safeguarding leads are consulted on these contracts and there appears to be a lack of consistency. This will be addressed by the Central Contracts Team with the CCGs' Quality and Patient Safety Team

5.10 CARE HOMES/CARE PROVIDERS

Care Homes have been a high priority area of work for the Safeguarding Team. During 2014-15 CQC inspections became more robust and detailed for all registered providers. The individual CCGs have received regular updates for care homes under the Provider Concerns' process which the Local Authorities implement when there are significant institutional issues of poor quality of care. This has been a priority for the safeguarding team during 2014-15.

The commissioners of individual placements / packages are required to gain assurance that the service provider is in line with CQC and statutory requirements. The commissioners seek advice and support from the safeguarding team in relation to areas of concern. For those providers where concerns have been identified the safeguarding leads coordinate, in partnership with the Local Authority and the Continuing Health Care teams , undertaking quality and safeguarding reviews of the provider to ensure that the patients are safe.

The Safeguarding Team has supported the wider programme of work in relation to care Homes including the development of suspension policies for Ealing and Hounslow CCGs which will be extended to Central, West London, Hammersmith and Fulham in 2015-16.

6. REFERENCES

https://www.london.gov.uk/sites/default/files/Pan-London%20Strategy%20on%20Violence%20against%20Women%20and%20Girls%202013_17.pdf

HM Govt (2015) Working Together to Safeguard Children

<https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation>
www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned

7. APPENDIX 1

Safeguarding Adult Statutory Requirements (The Care Act 2014)

The Care Act 2014 sets out a clear legal framework for how local authorities and other parts of the system should protect adults at risk of abuse or neglect. In October 2014, the Department of Health published statutory guidance for the implementation of the Care Act 2014. Chapter 14 of the guidance replaces the No Secrets (2000) guidance that had formed the framework for safeguarding adults previously.

The Care Act Statutory Guidance (DH, 2014) defines safeguarding adults as:

'Protecting an adult's right to live in safety, free from abuse and neglect. It is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances.'

The guidance requires health organisations to promote the adult's wellbeing in their safeguarding arrangements. However, the guidance also states that:

Safeguarding is not a substitute for:

- Providers' responsibilities to provide safe and high quality care and support;
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services;
- The Care Quality Commission (CQC) ensuring that regulated providers comply with the fundamental standards of care or by taking enforcement action

(Care Act Guidance, 2014)

The Local Authorities' functions are to:

- Lead a multi-agency local adult safeguarding system that seeks to prevent abuse and neglect and stop it quickly when it happens
- Make enquiries, or request others to make them, when they think an adult with care and support needs may be at risk of abuse or neglect and they need to find out what action may be needed
- Establish safeguarding adults boards, including the local authority, nhs and police, which will develop, share and implement a joint safeguarding strategy
- Carry out safeguarding adults reviews when someone with care and support needs dies as a result of neglect or abuse and there is a concern that the local authority or its partners could have done more to protect them
- Arrange for an independent advocate to represent and support a person who is the subject of a safeguarding enquiry or review, if required.