

<p style="text-align: center;"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p style="text-align: center;"><b>HEALTH, ADULT SOCIAL CARE &amp; SOCIAL INCLUSION POLICY &amp; ACCOUNTABILITY</b></p> <p style="text-align: center;"><b>17 SEPTEMBER 2018</b></p>	
<p><b>WEST LONDON MENTAL HEALTH TRUST UPDATE</b></p>	
<p><b>Report of the West London Mental Health Trust</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification - For Policy &amp; Accountability Review &amp; Comment</b>  <b>Key Decision: No</b></p>	
<p><b>Wards Affected: All</b></p>	
<p><b>Accountable Director:</b> Lisa Redfern, Strategic Director of Social Care and Public Services Reform</p>	
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## 1. EXECUTIVE SUMMARY

- 1.1 This report is intended to give an update on the major improvements within the adult in-patient mental health service since the full CQC inspection of the Trust which took place in November 2016. The report contains details on bed capacity improvements, as well as plans and progress made on improvements in the environment for the older people's ward and improvements in access to seclusion facilities. The report will also include an update of safeguarding as requested.
- 1.2 The Trust is currently undergoing a full re-inspection by the CQC covering all key lines of enquiry, for this reason the report does not include a complete update on all the CQC actions. The CQC report will be received this autumn after which we are happy to return with a full update.

## 2. RECOMMENDATIONS

- 2.1 That the Committee considers the report and provide comments.

### 3. REASONS FOR DECISION

N/A

### 4. INTRODUCTION AND BACKGROUND

4.1 The Hammersmith & Fulham mental health unit is located on the Charing Cross Hospital site, behind the main hospital and facing Claybrook Rd. It was built in 2004 as a purpose built mental health unit. It is the biggest mental health acute unit across the 3 sites of West London Mental Health Trust, containing the following;

#### Hammersmith & Fulham Mental Health Unit

Ward type	Bed numbers	Gender
Avonmore – ground floor	22	Male
Ravenscourt – 1 <sup>st</sup> floor	22	Male
Lillie – 1 <sup>st</sup> Floor	16	Female
Meridian – second floor	16	Older People (& people with physical frailties)
Askew; Psychiatric Intensive care (PICU) – ground floor	12	Male
136 suites (Health based place of Safety Provision)	1 room	Can be with either
Crisis and Assessment Home treatment team	Not bedded – but alternative to admission, casehold numbers of 35- 50	This is a mixed caseload

The unit is bigger than the provision based on the Ealing Hospital and West Middlesex sites in that there is intensive care provision for men also included as well as a ward for older people.

#### 4.2 Description of the issues

In November 2016, there was a full CQC inspection of the Trust. The overall Trust rating against the CQC Key Lines of Enquiry (KLOE) was 'Requires improvement'. This rating was mirrored in the inpatient service, although the detail of scoring against the KLOE was as follows;

## Adult Inpatient service rating;

Overall rating for the service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	Good	
Are services responsive?	Inadequate	
Are services well-led?	Requires improvement	

This report focuses on the problems that led to the ratings of inadequate within the responsive section as well problems that led to the rating of safe. The problems identified were as follows;

- (i) **Bed capacity;** The inspection noted that patients were sleeping on other wards because of bed pressures, that bed occupancy average was 94% with a range of between 72% to 109%. They noted that in six months of that year, the service (over the three boroughs), placed thirty patients in other hospitals outside the local area. If a patient was on home leave from the unit, it could happen that on their return, he/she could be in a different bed. They noted a case where a patient returned early from leave, the plan was for him to go temporarily to a rehabilitation ward, however the patient refused to do that and chose instead to sleep in a chair overnight. The CQC noted that this situation on bed capacity was largely unchanged from the previous visit.
- (ii) **Seclusion;** The CQC noted that wards in Hammersmith & Fulham did not have access to a seclusion room, except for the Psychiatric Intensive Care Unit (PICU) which is male only. In the main, other wards in the Trust had within the ward, access to a dedicated seclusion room. This had been noted in the previous inspection, particularly with reference to the women's ward. The CQC at that time were concerned that if a woman needed seclusion, they had to be taken from the first floor in the unit to the ground floor; when on the ground floor had to be taken into the PICU (a male ward) to reach the seclusion room. This represented a significant privacy and dignity issue.
- (iii) **Older people's services;** the CQC noted that the ward environment needed to improve. While that was partly in relation to decoration, the findings concluded that there were few adaptations on the ward to meet the needs of patients with cognitive impairments. It was also noted that shower/bath facilities were not suitable for older people. During the inspection the CQC noted that the trust intended to move the location of the older people's ward from the second floor to the ground floor.

**(iv) Ward size;** The CQC were concerned that in H&F two of the wards were over the maximum recommended size of 20 beds, breaching the Royal College guidance.

The CQC made the following requirements;

- (i)** The trust must ensure that sufficient beds are available for patients on each ward and patients are not admitted to one ward and then sleep on another ward during their admission
- (ii)** They must ensure that at the Hammersmith & Fulham mental health unit, seclusion rooms are located so they can be used safely and that patient transfer to seclusion facilities does not compromise the patient's privacy and dignity.
- (iii)** The premises are not suitable for the purpose for which they are being used for because the ward environments did not meet the needs of people with dementia.

## **4.3 Improvements made**

### **4.3.1 Bed capacity**

A continuous improvement plan was developed and at the time this was initiated, over 50% of the patients in the three inpatient units had lengths of stay over fifty days long. This correlated with the higher length of stay within the trust than the national mean. The assumption was that by significantly reducing the number of patients staying fifty days, the service would create sufficient and sustained capacity in the bed base. Therefore, the plan concentrated on the following;

- Bring down length of stay in line with the rest of London.
- Reduce reliance on private sector beds. During 2017, there were up to twenty patients in the private sector.
- Reduce delayed transfers of care. Please note, this refers to both NHS and Social Care delayed discharges. Please also note that performance on social care delays has consistently performed in the top quartile since September 2017. The Director of Adult Social Care chairs weekly multi- disciplinary discharge meetings to ensure performance is very tightly monitored.

During the first part of 2017 the trust took an active decision on zero tolerance of patients sleeping in chairs, as well as to stop the use of patients sleeping over in the rehabilitation wards. In addition, there had been a practice of utilising the Section 136 room where a bed could not be found. This practice was stopped.

Initially these decisions caused an increase in private sector outliers. Two discharge co-ordinators were appointed to concentrate on the patients staying over fifty days. They made good progress in reducing the number of such patients staying in the units. However, that alone was not sufficient to make headway around the number of people still being sent to the private sector.

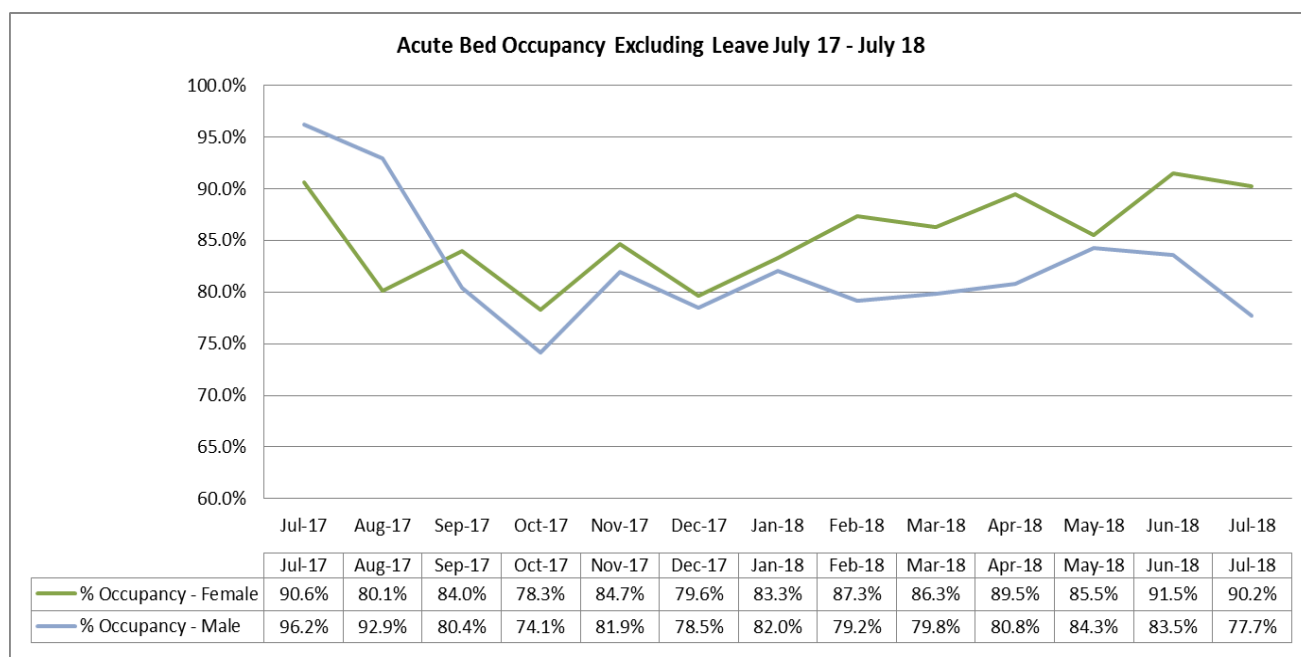
It was agreed that there was a need to tackle the issues at a whole system level. It was agreed to support the programme with extra resources, to include a programme manager, senior oversight and a dedicated manager to work on bed flow for a time

limited period. The programme was ambitious with many interventions running at the same time to gain traction. The initiatives included the following;

- (i) **Root cause analysis of long stay patients** - this reviewed thirty patients and found that twenty-five were delayed discharges. The themes were analysed, some of these were internal to the trust in relation to discharge planning, and the timeliness of community team input. There were in addition a set of external reasons, which informed a series of workshop with commissioners and Local Authority colleagues and supported dedicated plans to be put in place
- (ii) **Establishment of a private sector placements monitoring team;** this focused on the discharge of fifty-four patients from the private sector over a six-month period.
- (iii) **Clinical engagement plan;** which focused on strengthening the clinical leadership at ward level between Consultants and senior nurse with visibility from senior leaders spending more time on wards communicating and listening to staff about the problems they face.
- (iv) **Metrics set for ward teams** – this included the average length of stay per ward, the number of patients staying longer than fifty days, discharges versus admission rate, reduced bed occupancy – the aim being 85% occupancy, which is the Royal College of Psychiatrist recommended occupancy.
- (v) **Changes to bed management processes;** introducing a daily three boroughs call to include managers from each unit and colleagues from community services.
- (vi) **Direct engagement and support from trust leadership** – setting out clear expectations in relation to the purpose of admissions, the use of the crisis teams and the need for each patient admitted having a named admitting consultant and plan for the admission.
- (vii) **Medical recruitment programme;** there were a high number of locum and agency staff. During the plan, there were five substantive consultant appointments made, as well as three clinical leads appointed.
- (viii) **Implementation of Red to Green bed days** – this is a visual bed management system that assists in the identification in wasted time of a patient journey. It is predominantly used by acute trusts. A red day is when a patient receives little or no added value being in a bed. A green day is a day of added value that progresses discharge. This was piloted in Hammersmith & Fulham with trust staff adapting the spreadsheet to suit mental health. The trust has now worked with NHSI in recent months to modify this and re launch. The spreadsheet is based on the need for daily updating and then gives the user immediate information about the number of red and green days on the ward and reasons for delays.
- (ix) **Agreement of 7-day standards** – these are agreed standards for improved interface between wards and community teams which focus on the first seven days of the patient journey, as these are crucial to identifying early barriers to discharge and providing a discharge plan to address these. The principle is to contact the community team within twenty-four hours of a patient's admission and to achieve an outline discharge plan including barriers to discharge within the first seven days.

#### 4.3.2 Outcomes

By October 2017 the occupancy rates achieved were 86%, with the elimination of the use of the private sector from September 2017. However, the aim was to sustain achievement over a substantial period. See below for the detail of the data



### 4.3.3 CQC Inspection January 2018

The CQC re inspected the inpatient wards in January this year. The reason for this re inspection was to cover only the areas that were deemed to be inadequate in the previous inspection. The inspection noted the very significant improvements made in bed capacity. A written report was received however a re-rating was not given as the inspection was not for all the CQC domains. The trust is currently undergoing a full inspection, which will lead to a full report and a re-rating this autumn.

### 4.3.4 Progress on environmental improvements

Following the previous inspection, outline plans were made to improve access to seclusion rooms. Plans were also made to relocate Meridian ward (older people) from the second floor in the unit to the ground floor. The main driver for this being patient safety, to support evacuation in the event of a fire and an improved environment in which to deliver physical health care.

#### Current configuration of wards in the Mental Health Unit:

Ward Name	Floor	Ward type	Bed Numbers	Gender
Askew	Ground	PICU	12	Male
Avonmore	Ground	Male acute	22 (20 in use)	Male
Lillie	1 <sup>st</sup>	Female acute	16	Female
Ravenscourt	1 <sup>st</sup>	Male acute	22 (20 in use)	Male
Meridian	2 <sup>nd</sup>	Older people;	16	Both with

		acute		separated areas
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**Proposed configuration of wards in the Mental Health Unit:**

Ward Name	Floor	Ward type	Bed Numbers	Gender
Askew	Ground	PICU	12	Male
Avonmore	Ground	Older people	20	Both with separated areas
Lillie	1 <sup>st</sup>	Male acute	16	Male
Ravenscourt	1 <sup>st</sup>	Male acute	20	Male
Meridian	2 <sup>nd</sup>	Female acute	16	Female

The rationale for the changes is as follows:

The needs of the older population have changed significantly and there is a need to provide an environment where both mental health care and complex physical health needs can be met. The environment requires upgrading to provide better access to infection control and nursing for those with frailty, for example incorporating a sluice room and ensuring sufficient bedroom space for physical disability equipment in some bedrooms and bathrooms.

Following the improvement work on in bed capacity, the Trust suspended 4 beds on the mental health unit to comply with the guidance on ward size. This occurred in August 2017. The bed capacity improvement has now been sustained for a year with access to a local bed for those that need inpatient care. The proposal is to move permanently to a maximum of 20 beds on Avonmore and Ravenscourt to achieve compliance with the standard. It should also be noted that the design to incorporate the disability and physical health care needs of the older people will require a layout for the ground floor which would in any event mean that 22 bedrooms could not be created.

Demand for seclusion has increased since the unit was designed and opened. The acuity in the inpatient wards has been increasing and has been compounded by the rise in section 136 admissions, which is pertinent as these patients can require access to a seclusion room. Hammersmith and Fulham mental health unit has the least number of seclusion rooms out of the three inpatient units. This is at odds with the unit housing the trust's only PICU and the male wards being the largest in the trust.

Currently where use of the seclusion room is required, patients in all wards must be transferred downstairs. This frequently results in staff needing to restrain patients during that transfer. This is a confusing and distressing experience for a patient who is already extremely disturbed. This was commented on by the CQC during their inspection. It is sometimes the case that there is the need for access to seclusion for more than one patient at any one time. On some occasions patients have had to be temporarily moved to another site so that seclusion can be accessed.

Lack of access to de-escalation rooms is also a significant issue. A de-escalation space provides the opportunity to prevent the escalation of incidents in a calming environment. The ideal for an acute ward is that it should have its own de-escalation and seclusion room. Failing that the ward should have access to both on the same floor without having to transport patients between floors.

This reconfiguration would require the move of three wards in total; - Meridian, Avonmore and Lillie. The consideration therefore is the impact in relation to refurbishment requirements which have been defined and worked up. This is now a significant capital project.

#### **4.3.4 Summary**

The reconfiguration plan is as follows:

**Ground floor:** Avonmore ward becomes the older people ward and is refurbished to enable accommodation of patients with complex mental health and physical health problems, including a disability/dementia friendly environment and physical health care nursing requirements.

PICU will remain as is on ground floor with its current seclusion room.

**First floor:** Ravenscourt ward (male) – seclusion room to be built  
Lillie ward (becomes male) – has a pre-existing de-escalation room.  
Within the refurbishment, there is not enough space to create a de-escalation and seclusion room for each ward. By making the floor a dedicated male environment, the wards can share these facilities.

**Second floor:** Meridian ward (becomes female). As part of the planned refurbishment, both a de-escalation room and a seclusion room will be created.

#### **Project timings**

The detailed specification for the whole reconfiguration has been worked up. On 14<sup>th</sup> September the Feasibility study and costings is due for completion by commissioned architects. This will inform the decision on the finance required to deliver the programme of works and relevant approval processes. From September - March 2019, this will include the trust final finance approval, the tendering period, then the appointment of the successful contractor to commence work. From April 2019 – July 2019: Significant refurbishment of wards in 3 phases.

While the work described above is going ahead, the proposed seclusion room needed for Ravenscourt ward is being progressed. This is currently out to tender and the expectation is that this seclusion room will be in place by the end of the financial year.

### **4.4 Update on Safeguarding**

#### **4.4.1 Background**



The Trust statutory responsibilities in respect of safeguarding adults and children are underpinned by law. The statutes relevant to safeguarding are the Children Act 1989 (principles of protecting children) Children Act 2004 (Section 11 and agency / partner responsibilities) and the Care Act 2014 (Section 42-46). All Acts direct the need for health services to protect and uphold the rights of children and adults to be protected and live free from harm.

The Trust has an Integrated Safeguarding Child and Adults at Risk Strategy that determines the direction of development of all safeguarding functions. Four key areas are developed:

1. **Safeguarding Quality and Performance Data:** Building on a cycle of continuous learning and improvement of safeguarding functions through data analysis and interpretation. Monitoring the impact and outcome of safeguarding child and adult policies directly.
2. **Partnership Working:** There are positive existing partner agency relationships including participation in safeguarding boards and sub-groups, with the Safeguarding Adult Named Professional nominated to Chair the Safeguarding Adult Review Subgroup.
3. **User and Carer involvement:** There is meaningful engagement with service-users and carers on issues of safeguarding, with the most recent collaborative work completed with Heads Up in developing a Domestic Abuse Policy.
4. **Safeguarding resources:** Governance structures strengthen safeguarding leadership and develop staff knowledge and skills through training and practice development.

#### 4.4.2 Safeguarding Governance:

- The Trust Board receives monthly updates on safeguarding quality and performance measures and an annual report summarising developments and challenges to the delivery of safeguarding functions across the organisation. Safeguarding is embedded in the Trust Quality Account and the Safeguarding Strategy underpins the Trust Quality Strategy. Local Safeguarding leads in teams in both CAMHS and adult services bridge central governance with local clinical practice. Local leads promote safeguarding in clinical teams, advise on safeguarding concerns and lead on implementation of safeguarding improvement initiatives. Local leads also collate and report monthly safeguarding data to the central safeguarding team.
- The Trust Medical Director is the Executive lead for Safeguarding. The safeguarding child team consist of the Director of Safeguarding (which includes the Named Doctor function in his role description), a full time Named Nurse for safeguarding children, a safeguarding Children trainer/adviser, admin support and a data/training administrator. Located with the children team and sharing admin and data support there is a full time Named Professional for safeguarding adults and a safeguarding Adult Trainer/Adviser. The teams advise on complex cases, support escalation of concerns and lead on policy and strategy development.

- Bi-monthly Safeguarding Governance Forums co-ordinate all safeguarding functions and quality assurance for services across the Trust and reports to the Trust-wide Safeguarding Group, a sub-committee of the Trust Quality Committee. Designated nurses from the CCG are invited to attend these and Borough Safeguarding Leads from the Local Authorities are also invited.
- The Director of Safeguarding represents the Trust at Hammersmith & Fulham Safeguarding Children Board; and at the Safeguarding Adult Partnership Board. Various other sub-groups including Training and Quality and Assurance (sub-groups of the Children's Board) are attended by the safeguarding children team. The Hammersmith & Fulham Safeguarding Adult Board will meet as a sovereign authority for the first time in September 2018 and will establish sub groups as appropriate. The Safeguarding Adult Named Professional has been appointed as the Chair of the Safeguarding Adult Review Sub Group.

#### 4.4.3 Safeguarding Policy and Procedure:

- (i) WLMHT has robust and current policies addressing issues relating to safeguarding children and safeguarding adults. Specific policies include C18 (Safeguarding Children), C18b (Child Visits to Psychiatric Inpatient Facilities) and C18c (Children who fail to attend appointments). Policy S28 deals with Safeguarding Adults at Risk.
- (ii) Additional policies D4 (Disciplinary Issues) and I8 (Incident Management) address safeguarding issues that might specifically emerge in the context of staff and incident management.
- (iii) All safeguarding policies are compliant with local borough procedures and with the respective Pan-London safeguarding procedures for children at risk and Adults. The Trust policies are regularly updated and drafts are scrutinised by the Designated Nurses in the CCG for comment before finalising.
- (iv) A Mental Health and Domestic Abuse Project, initiated by Standing Together (charity working against domestic violence), completed on 31st March 2018. The Safeguarding Team have developed a Domestic Abuse policy in collaboration with Sanding Together against Domestic Violence. This is due for ratification in October 2018.
- (v) **Protocol for Joint Working Arrangements between Adult Mental Health Services and Children's Social Care:** This protocol was first published in February 2015 and is updated annually by the partners. The policy documents **overarching partnership arrangements** between Adult Mental Health services in West London Mental Health NHS Trust and Children's Social Care services in the London Boroughs of Ealing, Hounslow, and Hammersmith and Fulham with separate appendices to reflect local variation in access to services. The principles therein are integrated into the C18 Safeguarding Children Policy.
- (vi) Outcomes of the use of the Protocol are measured through audit to facilitate clinician engagement with the broader multi-agency partnership and to inform safeguarding board participation and reported to service management and the Trust Board.
- (vii) The national agenda to prevent Violence against Women and Girls has been focus for the Trust. This includes the practice of female genital mutilation (FGM). From September/October 2018 mandatory enquiry of all female

patients/clients/service users will be made as part of a physical healthcare check, and recorded on the patient electronic record. The processes will be monitored through audit.

(viii) The Trust is represented on Borough MARAC's.

(ix) WLMHT are engaged with the Local Borough Prevent and Channel panels, we have representatives in each borough who are member of the panels.

#### **4.4.5 Training & development:**

- Safeguarding training is mandatory for all staff at induction and is periodically renewed in line with recommendations from the safeguarding children inter-collegiate document on roles and competencies. All staff who work with children directly are required to complete Level 3 Specialist safeguarding training.
- The Trust Wide Safeguarding Children Training Strategy provides a knowledge and skills framework for staff and determines the level and frequency of training for all Trust staff in line with the Intercollegiate Document Guidance on Safeguarding competence and training.
- The profile of safeguarding is maintained by hosting annual safeguarding conferences that alternately deal with safeguarding adult and safeguarding child themes. Previous Conferences have been themed to Domestic Violence; the relationship between mental illness, substance abuse and domestic violence; Learning from the Francis Inquiry (Report into Mid Staffordshire Hospital); shared learning from serious case reviews and domestic homicide enquiries; Prevent; and the Management of disclosures of non-recent (historical) abuse.
- Safeguarding Adults Training is also delivered against a 3-year mandatory training cycle. NHSE published the Adult Safeguarding: Roles and Competencies for Health Care Staff: Intercollegiate document in August 2018. This will be incorporated and developed into a Safeguarding Adult Training Strategy.
- Existing staff in the Trust are fully compliant with WRAP training. Prevent is included in mandatory training every three years. All new staff joining the Trust continues to attend a WRAP training session as part of their mandatory induction programme.

#### **4.4.6 Supervision:**

- The Trust Supervision Policy (S26) and the safeguarding policies guide professional supervision, making specific reference to supervision of safeguarding-related practice which is subject to periodic audit. The named doctor and named nurse supervise all safeguarding leads directly through regular meetings.
- CAMHS supervision includes team-based supervision of cases, which addresses safeguarding as well as a mechanism for regular professional supervision and personal development review. This forms part of a recovery-focussed approach to clinical service delivery.

- A central Trust-wide systems change was implemented in July 2018. The safeguarding of both children and adults is included as a mandatory theme of enquiry and discussion within Clinical Supervision for all staff, and data is captured centrally for monitoring purposes.

#### **4.4.7 Recruitment:**

- All recruitment in the Trust takes place in the context of safer recruitment procedures. All staff are subject to DBS checks or Enhanced DBS checks where necessary in addition to stringent monitoring of professional requirements. Compliance with DBS checks is reported monthly and managers are aware of all DBS expiry dates for staff they manage.

#### **4.4.8 User-involvement:**

- Service Users (including Children and Young People) are included on the recruitment panels for safeguarding and other Trust posts.
- Service-users and carers have contributed to all Safeguarding Information Leaflets (referring to both children and adult safeguarding) – through co-production. Leaflets are also translated into languages other than English and are distributed across all Trust sites.
- The CAMHS website was developed as a co-production with children and young people, and includes age-appropriate sections on safeguarding to signpost young people accessing the site to support services for safeguarding in the community e.g. NSPCC and CEOP.

#### **4.4.9 Allegations against staff:**

- The Trust considers allegations against professionals very seriously. The Incident-, Disciplinary-, Safeguarding Child- and Safeguarding Adult Policies all cross-reference to facilitate a consistent approach to the management of allegations against professionals. The Named Nurse and Named Doctor for Safeguarding Children lead on communicating with Local Area Designated Officers (LADO) nationally in cases where allegations are made against professionals working with children. All allegations against staff that are upheld are reported to the Disclosure and Barring Service.
- All allegations made by young people, children and adults received by Trust staff are managed through the policies referenced above.
- A specific protocol for managing allegations of historical abuse is in place, with supportive guidance. This represents an area of importance for Trust staff, mirroring national reports of a rise in the incidence of reports of historical abuse.

#### **4.4.10 Summary of Safeguarding Activity in Trust services in Hammersmith and Fulham**

The Trust monitors safeguarding activity across 3 main areas of performance. Numbers of safeguarding child referrals, numbers of children visiting inpatient services and numbers of safeguarding adult concerns raised.

Activity has been summarised across the five-service line that make up the Local Services organisational structure. The data is show below for Hammersmith and Fulham.

### (i) CHILD VISITS TO INPATIENT WARDS

Service Line: Access and Urgent Care													
Number of Child visits to IP Services													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	HF Avonmore Ward	0	0	1	0	0	0	1	0	0	0	0	2
	H&F Lille Ward	0	0	3	0	2	12	1	7	4	0	1	7
	H&F Ravenscourt Ward	0	0	0	0	2	1	0	0	0	0	1	0
	H&F Meridian Ward	6	2	9	4	3	0	2	6	3	0	2	1
	HF Askew PICU Ward	0	0	0	0	0	0	0	0	0	0	0	0
<b>Inpatient total</b>		<b>6</b>	<b>2</b>	<b>13</b>	<b>4</b>	<b>7</b>	<b>13</b>	<b>4</b>	<b>13</b>	<b>7</b>	<b>0</b>	<b>4</b>	<b>10</b>
H&F	H&F Crisis Resolution Team												
	<b>Crisis Resolution Team Total</b>												
H&F	H&F Assessment Team												
	<b>Assessment Team total</b>												
H&F	H&F CATT Team												
	<b>CATT Team Total</b>												
<b>Total Number of Child Visits to Inpatient Services</b>		<b>6</b>	<b>2</b>	<b>13</b>	<b>4</b>	<b>7</b>	<b>13</b>	<b>4</b>	<b>13</b>	<b>7</b>	<b>0</b>	<b>4</b>	<b>10</b>

A total of 83 child visits took place over the last year where children visited adult inpatients in the units. Visits are managed through a policy that requires trained staff to supervise the visit in child-friendly suites of rooms in a planned manner.

### (ii) SAFEGUARDING CHILD REFERRALS

Access and Urgent Care Service Line:

Service Line: Access and Urgent Care													
Safeguarding Children Referrals													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	HF Avonmore Ward	0	0	0	0	0	0	0	0	0	1	0	0
	H&F Lille Ward	0	0	0	0	0	0	0	0	0	0	0	0
	H&F Ravenscourt Ward	1	1	1	0	0	1	0	0	0	0	0	0
	H&F Meridian Ward	0	0	0	0	0	0	0	0	0	0	0	0
	HF Askew PICU Ward	0	0	0	0	0	0	0	0	0	0	0	0
<b>Inpatient total</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
H&F	H&F Crisis Resolution Team												
	<b>Crisis Resolution Team Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
H&F	H&F Assessment Team												
	<b>Assessment Team total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
H&F	H&F CATT Team	1	2	2	NR	1	1	2	1	1	6	2	3
	<b>CATT Team Total</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>2</b>	<b>3</b>
<b>Total Safeguarding Children Referrals</b>		<b>2</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>2</b>	<b>3</b>

A total of 27 safeguarding child referrals were made to local authority partners in the last year from inpatient services.

Planned and Primary Care Service Line:

Service Line: Planned and Primary care													
Safeguarding Children Referrals													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	HF Treatment and Recovery Team	NR	NR	NR	NR	NR	0	0	NR	1	NR	2	NR
Community recovery teams Total		0	0	0	0	0	0	0	0	1	0	2	0
H&F	H&F Early Intervention Service	2	0	0	NR	0	0	0	0	0	0	0	0
Early intervention service Total		2	0	0	0	0	0	0	0	0	0	0	0
H&F	H&F Primary Care MHS	0	0	2	0	0	0	0	0	0	0	0	0
Primary care mental health service Total		0	0	2	0	0	0	0	0	0	0	0	0
Psychotherapy and personality disorder service Total													
Total Safeguarding Children Referrals		2	0	2	0	0	0	0	0	1	0	2	0

Community teams made a further 7 referrals for safeguarding children.

### Cognitive Impairment and Dementia Service Line:

Older people's mental health services made 6 safeguarding child referrals between September 2017 and August 2018. The services for users with cognitive impairment and Dementia made no safeguarding child referrals. This would not be unusual given the nature of the client population.

### Liaison and Long-term Conditions Service Line

Service Line: Liaison and Long Term Conditions													
Safeguarding Children Referrals													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	H&F Liaison Psychiatry	3	8	4	2	6	4	10	8	0	5	3	6
Liaison psychiatry Total		3	8	4	2	6	4	10	8	0	5	3	6
H&F	H&F IAPT	0	1	0	0	0	1	3	1	1	1	0	3
IAPT Total		0	1	0	0	0	1	3	1	1	1	0	3
H&F	H&F Peri-Natal	0	0	0	1	0	2	2	0	1	2	0	2
Peri-Natal Total		0	0	0	1	0	2	2	0	1	2	0	2
Total Safeguarding Children Referrals		3	9	4	3	6	7	15	9	2	8	3	11

The liaison and long-term conditions service line made 80 safeguarding child referrals in the year reviewed. This is expected as this service line deals with users in crisis and in the context of emergency service access e.g. A&E attendance and includes peri-natal services and Tier 2 (IAPT) services. This suggests a string Think Family approach to working with adult mental health service users.

### Child and Adolescent Mental Health Services Service Line

Service Line: CAMHS and Development Services													
Safeguarding Children Referrals													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Hammersmith and Fulham	H&F CAMHS Services	NR	0	1	NR	0	1	0	0	2	3	0	2
Total Safeguarding Children Referrals		0	0	1	0	0	1	0	0	2	3	0	2

This service made 8 safeguarding child referrals in the year. The data does not include child in need referrals or data on children already subject to safeguarding child processes. There is a social worker integrated within the CAMHS team and this facilitates early discussion and referral of cases of concern.

### (iii) SAFEGUARDING ADULT CONCERNS

#### Access and Urgent Care Service Line

Service Line: Access and Urgent Care													
Safeguarding Adult Referrals ( concerns)													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	HF Avonmore Ward	1	0	2	0	0	0	1	0	0	3	2	1
	H&F Lille Ward	2	0	0	1	1	1	1	1	2	2	1	1
	H&F Ravenscourt Ward	0	0	0	1	0	0	1	2	0	1	0	0
	H&F Meridian Ward	0	0	0	0	0	0	2	0	0	0	0	0
	HF Askew PICU Ward	0	0	1	0	0	0	1	0	0	1	0	1
<b>Inpatient total</b>		<b>3</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>7</b>	<b>3</b>	<b>3</b>
H&F	H&F Crisis Resolution Team												
<b>Crisis Resolution Team Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
H&F	H&F Assessment Team												
<b>Assessment Team total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
H&F	H&F CATT Team	NR	0	1	1	NR	0	1	0	0	1	0	1
<b>CATT Team Total</b>		<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
<b>Total Safeguarding Adult Referrals</b>		<b>3</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>8</b>	<b>3</b>	<b>4</b>

This service line raised a total of 39 safeguarding adult concerns – these concerns relate to issues arising during an inpatient stay.

Planned and Primary Care Service Line:

Service Line: Planned and Primary care													
Safeguarding Adult Referrals ( concerns)													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	HF Treatment and Recovery Team	7	1	4	6	4	6	6	6	2	5	5	7
<b>Community recovery teams Total</b>		<b>7</b>	<b>1</b>	<b>4</b>	<b>6</b>	<b>4</b>	<b>6</b>	<b>6</b>	<b>6</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>7</b>
H&F	H&F Early Intervention Service	1	1	2	0	0	1	1	1	0	1	1	0
<b>Early intervention service Total</b>		<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>
H&F	H&F Primary Care MHS	0	1	1	0	0	0	0	0	0	0	0	0
<b>Primary care mental health service Total</b>		<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Psychotherapy and personality disorder service Total</b>													
<b>Total Safeguarding Adult Referrals</b>		<b>8</b>	<b>3</b>	<b>7</b>	<b>6</b>	<b>4</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>2</b>	<b>6</b>	<b>6</b>	<b>7</b>

Community services raised a total of 70 safeguarding adult concerns over the year. There is no data available to benchmark this activity level against other comparable providers. It is not possible to conclude whether this activity is exceptional as a result.

Cognitive Impairment and Dementia Service Line

Service Line: Cognitive Impairment and Dementia													
Safeguarding Adult Referrals ( concerns)													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
<b>Inpatient total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Hammersmith and Fulham	HF Cognitive Impairment Dementia CID	1	3	0	0	0	1	1	2	0	6	4	0
<b>CID community services Total</b>		<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>0</b>
<b>Total Safeguarding Adult Referrals</b>		<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>0</b>

This service line raised a total of 18 safeguarding adult concerns over the period reviewed.

Liaison and Long-term Conditions Service Line;

Service Line: Liaison and Long Term Conditions													
Safeguarding Adult Referrals (concerns)													
Borough	Ward/Team	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
H&F	H&F Liaison Psychiatry	1	1	NR	2	1	0	2	2	0	0	1	2
<b>Liaison psychiatry Total</b>		<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>
H&F	H&F IAPT	3	1	3	3	2	2	1	2	2	1	3	2
<b>IAPT Total</b>		<b>3</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>2</b>
H&F	H&F Peri-Natal	0	NR	0	0	0	0	0	0	0	0	0	0
<b>Peri-Natal Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Safeguarding Adult Referrals</b>		<b>4</b>	<b>2</b>	<b>3</b>	<b>5</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>4</b>

This service line made 37 safeguarding child referrals over the year under review. This service line includes peri-natal services, where social care is likely to be involved in cases from the outset and as a result we would not be expecting high rates of referral. Most of the activity emerges from work in acute settings, reinforcing the conclusion that Think Family approaches have embedded well in Trust services supporting users in acute settings.

CAMHS and Developmental Service Line:

This service line made no safeguarding adult referrals during the period reviewed. This is not unusual for this service line.

## 5. PROPOSAL AND ISSUES

N/A

## 6. OPTIONS AND ANALYSIS OF OPTIONS

N/A

## 7. CONSULTATION

N/A

## 8. EQUALITY IMPLICATIONS

N/A

## 9. LEGAL IMPLICATIONS

N/A

## 10. FINANCIAL AND RESOURCES IMPLICATIONS

N/A

## 11. IMPLICATIONS FOR BUSINESS

N/A.

## 12. RISK MANAGEMENT



N/A

**13. PROCUREMENT AND IT STRATEGY IMPLICATIONS**

N/A

**LOCAL GOVERNMENT ACT 2000**  
**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
	None.		

**LIST OF APPENDICES:** None.