



## **Safeguarding Report 2014/15**

### **1.0 Introduction and background**

- 1.1 This report demonstrates the work and progress in safeguarding in the London Ambulance Service NHS Trust (LAS) during 2014-2015.
- 1.2 It is a statutory requirement to present an Annual Report to the Trust Board showing how the Trust has met their safeguarding responsibilities in line with Working Together to Safeguard Children (H.M. Government 2013). The report will include the current position regarding the work being undertaken and will detail the organisational responses to changes in safeguarding matters.
- 1.3 The Trust has a commitment and a duty to safeguard adults at risk as stipulated in Outcome 7 of the Care Quality Commission Regulations. To achieve this goal the organisation has to ensure robust systems and policies are in place and are followed consistently, to provide training and supervision to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults at risk of being abused.

### **2.0 National Drivers**

- 2.1 The Children Act 2004 provides the legislative framework to support the Every Child Matters programme. Section 11 of the Act details the Trust's responsibility to make arrangements to safeguard and promote the welfare of children.
- 2.2 Safeguarding children and young people: roles and competences for health care staff, Intercollegiate document third edition (March



2014). This document provides a competence framework and minimum training requirements.

### **The Care Act 2014**

- 2.3 The Act aims to provide greater fairness in personalised care and services.
- 2.4 The Act outlines the responsibilities of Local Authority and their partners in relation to safeguarding adults (Section 14). Providing the legislative requirements for agencies in relation to adult safeguarding.
- 2.5 The Act requires the Board members to have a Designated Safeguarding Adult Manager (DASM) bringing it into line with child safeguarding and the Named Professional role.
- 2.6 The Act requires strong multi-agency partnerships that provide timely and effective prevention of and response to abuse or neglect.
- 2.7 Social Services are required to undertake or cause others to undertake safeguarding enquiries where safeguarding concerns are raised.
- 2.8 It is expected that workload and requests for enquiries will increase as a result of the legislation.
- 2.9 The Act makes safeguarding personal. This means that safeguarding should be person led and outcome focused.
- 2.10 There will be a requirement for staff to ensure they obtain consent where possible and have a discussion with the patient about the outcome they would like from raising the safeguarding concern.
- 2.11 Section 14 (Safeguarding) of the Act comes into force on 1<sup>st</sup> April 2015.



### 3.0 Multi agency working

- 3.1 The Trust is aligned to 64 Adult and Child Safeguarding Boards within the operational area. The Trust endeavours to maintain relationships with all these boards when requested.
- 3.2 Due to having 64 Boards across London the Trust uses local management (safeguarding leads) on stations to attend board and safeguarding meetings.
- 3.3 Formal assurance of safeguarding practice within the Trust is reported to the Tri borough Safeguarding Board (Kensington and Chelsea, Hammersmith and Fulham, Westminster).
- 3.4 During 2014/15 we have provided the following amount of information and attendance at meetings.

LAS local complex partnership engagement 2014-15										
	Complex	Safe Children Board	Safe Adults Board	Safe sub group	Multi Agency Safeguarding hub (MASH) & Multi Agency Risk Assessment Conferences (MARAC)	Rapid Response Meetings	Domestic Homicide Review (DHR)	Serious Case Review (SCR)	Other Safe meetings	
West	Brent	1	3	3	2	4	0	2	0	
West	Camden	3	4	0	8	2	0	2	0	
West	Islington	2	3	0	0	4	0	1	0	
West	Friern Barnet	3	4	3	6	2	0	0	0	
West	Fulham	6	4	1	0	6	1	1	3	
West	Hanwell	4	2	0	0	6	1	0	1	
West	Hillingdon	2	0	0	0	5	0	0	3	
West	Isleworth	2	2	0	0	0	0	0	4	
West	Pinner	3	3	2	0	4	1	2	10	
	<b>West</b>	<b>27</b>	<b>25</b>	<b>9</b>	<b>16</b>	<b>33</b>	<b>3</b>	<b>8</b>	<b>21</b>	
East	Chase Farm	7	6	1	3	5	0	1	6	
East	Edmonton	7	6	1	3	0	0	0	6	
East	Homerton (City & Hackney)	0	0	1	0	13	0	0	6	
East	Ilford	0	0	0	0	3	0	0	0	
East	Newham	1	2	0	0	5	0	0	5	
East	Romford	1	0	0	0	8	0	1	0	
East	Tower Hamlets	1	0	0	0	1	0	0	0	
East	Whipps Cross	0	4	1	0	0	0	0	6	
	<b>East</b>	<b>17</b>	<b>18</b>	<b>4</b>	<b>6</b>	<b>35</b>	<b>0</b>	<b>2</b>	<b>29</b>	
South	Barnehurst	6	2	6	12	1	0	0	6	
South	Bromley	3	2	0	0	3	0	0	6	
South	Croydon	4	4	2	8	7	0	3	18	
South	Deptford	4	4	2	0	11	0	0	0	
South	Greenwich	4	4	0	26	11	0	0	3	
South	New Malden	1	1	0	0	7	0	2	0	
South	St Helier	0	10	1	3	10	0	2	1	
South	Wimbledon	2	2	0	0	1	0	1	1	
	<b>South</b>	<b>24</b>	<b>29</b>	<b>11</b>	<b>49</b>	<b>51</b>	<b>0</b>	<b>8</b>	<b>35</b>	
	<b>Trust wide total (460)</b>	<b>68</b>	<b>72</b>	<b>24</b>	<b>71</b>	<b>119</b>	<b>3</b>	<b>18</b>	<b>85</b>	



## **Incidents**

- 3.5 The safeguarding Officer works with external agencies such as local authorities and other Trust departments, in order to ensure that the Trust is compliant with its statutory responsibilities set out in the Children Act 2004 and duties under the No Secrets guidance.
- 3.6 Of the 2002 enquiries that were dealt with in 2014-15, 593 resulted in the Trust being asked to undertake further action; such as attending and contributing to meetings, the completion of reports for Incidents, Independent Management Reviews or the completion of a review form known as 'Form B'.
- 3.7 18 of these progressed to be Serious Case Reviews and 3 Domestic Homicide Reviews. None of these had internal recommendations for the Trust.
- 3.8 The Trust attends or provides information, as appropriate to adult/child case conferences.

## **NHS Serious Incidents**

- 3.9 There were 3 Serious Incidents involving unexpected child deaths with a safeguarding element during 2014-15:
- 3.10 Incident 1. In 2014 alleged unrecognised oesophageal intubation following a cardiac arrest in a 13 year old male post hanging. There were 6 recommendations for the Trust.
- 3.11 Incident 2. In 2014 we received a call to attend a 6 year old this was given a C2 response. Ambulance was cancelled 1 hour and 20 minutes later and family made own way to hospital. Patient arrived at hospital 1 hour and 48 minutes after original call unconscious. Patient died the following day. This case is still open.
- 3.12 Incident 3. In 2015 we received a call to attend a 5 year old this was given a C4 priority we were at surge red at the time



the caller was asked to contact NHS111, their GP or to make their way to an Emergency Department or Walk in Centre. A second call was received from 111 this was given a R2 priority. Patient died later this day. This case is still open.

- 3.13 The Trust attends or supplies information to Strategy meetings after a child/adult has died or is seriously injured.

### **Multi-Agency Risk Assessment Conferences (MARAC) and Multi Agency Safeguarding Hub (MASH)**

- 3.14 MARACs are meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at MARAC, a risk focused, coordinated safety plan can be drawn up to support the victim. Over 260 MARACs are operating across England, Wales and Northern Ireland managing over 55,000 cases a year.
- 3.15 The Trust is successfully attending conferences for 5 London Borough and providing paperwork for a further 3. The Trust is obligated to share the information it holds in a similar way to undertaking an Independent Management Review.
- 3.16 Individual MARAC cases for this year were 1005.
- 3.17 MASHs bring together agencies (and their information) in order to identify risks to children and adults at the earliest possibly point and respond with the most effective interventions. This will in turn ensure timely and necessary interventions, improving the outcomes for vulnerable children and adults.
- 3.18 The Trust is assisting with a pilot for 1 London Borough. The number of information requests for this year was 100.



## 4.0 Governance arrangements

- 4.1 The Director of Nursing and Quality is the accountable Executive Director for safeguarding within the Trust.
- 4.2 The Head of Safeguarding provides a safeguarding report to the Clinical Safety Development Effectiveness Committee (CSDEC) meeting, detailing progress against Serious Case Review (SCR) action plans, legislation and Trust safeguarding activity.
- 4.3 The CSDEC is the Trust Board assurance group of the Safeguarding Service.
- 4.4 The Trust has a Safeguarding Committee that meets every 6 weeks, and is authorized by CSDEC to ensure effective and high quality safeguarding practice within the Trust.
- 4.5 The Trust has undertaken and led on the following audits during this financial year, *Child Mental Health Safeguarding Audit: Self-Harm Referrals – Oct 2014*. An audit of *Croydon Complex safeguarding referrals* is also currently being undertaken to understand why it is a much higher refer of safeguarding concerns than other complexes.
- 4.6 The Trust completed Safeguarding Adult Risk Audit Tool (SARAT) in May 2014 and identified actions are included in the Adult Action Plan.
- 4.7 The Trust completed the Section 11 child self-assessment tool in May 2014 and identified actions are included in the Children Action Plan.
- 4.8 The Trust also has a current Safeguarding Children Declaration which is published on our website, which confirms our commitment to care for patients including children in a safe, secure and caring environment. The declaration details the arrangements that are in place to safeguard children.



- 4.9 The Trust has safeguarding action plans for both children and adults which are reviewed by the Safeguarding Committee.
- 4.10 The Trust has an obligation to inform the Local Authority Designated Officer of concerns or allegations regarding the Trusts staff in relation to children and the Safeguarding Adult Manager where the concern relates to adults. This has occurred on 7 occasions during 2014-2015 most relate to issues not involving patients.
- 4.11 There have been no referrals to Disclosure and Barring Service as a result of safeguarding.
- 4.12 The Safeguarding Committee has a number of risks, of which a couple are on the corporate risk register.
- 4.13 Risk 426 on corporate risk register. There is a risk that the Trust is unable to meet the obligation of engagement with partner agencies within set timescales due to lack of capacity within the safeguarding team to manage the increased workload, notably MARAC requests for information.
- 4.14 Risk 343 on corporate risk register. There is a risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral.
- 4.15 Local risk register no1, risk due to our inability to link safeguarding referrals and identify previous referrals made to Social Services, this will impact on our ability to escalate any continued safeguarding concerns identified. This will also affect the Trusts reputation.
- 4.16 Local risk no 2, "there is a risk that the Trust is unable to provide assurance to CQC and other agencies that it is compliant with safeguarding training requirements for clinical and non-clinical staff. This is linked to N0 355 on the Corporate Risk Register."



- 4.17 Local risk no 3, there is a risk that the Trust is unable to meet statutory requirements of providing safeguarding supervision, by trained professionals. This will result in an impact on staff welfare and performance and the Trust will not be complaint with the Children and Adult Acts pertaining to safeguarding.
- 4.18 Local risk no 4, the Trust is unable to provide assurance to DH that all staff have received the required PREVENT training. This is due to a requirement for all staff within the Trust as well as only having one PREVENT Health Wrap Trainer. This risk has now been passed to the Deputy Director Operations the lead for Prevent.

## **5.0 Education and Training**

- 5.1 Safeguarding training is critical to protecting children, young people and adults from harm. Front-line staff must have the competencies and support to recognise signs of maltreatment and to take appropriate action.
- 5.2 All staff employed or contracted by the Trust has a duty to safeguard and promote the welfare of children, young people and adults and should know what to do if they have any concerns.
- 5.3 The Trust is currently unable to effectively capture data on mandatory training required and undertaken for both clinical and non- clinical staff. This issue is on the corporate risk register as it impacts on a number of departments within the Trust.
- 5.4 The following graph shows the number of staff trained in Safeguarding during 2014-15.





5.5

<b>Safeguarding Training compliance table</b>	
<b>Staff Group</b>	<b>Numbers trained in 2014/15</b>
<b>Level One</b>	
All Trust staff induction	527
Non Clinical staff	672
<b>Total</b>	<b>1199</b>
<b>Level Two</b>	
Clinical staff inc hub, bank staff and officers	2148
PTS staff	73
111 staff	94
EOC Staff	226
first Responders ( Non LAS)	330
<b>Total</b>	<b>2871</b>
<b>Level Three</b>	
Local Safeguarding lead, EBS, Medical Directorate	108
<b>Totals</b>	<b>108</b>
<b>Grand total</b>	<b>4178</b>

5.6 The Trust has provided a range of face to face safeguarding training this year, including; all new staff receive safeguarding training on induction course. All new clinical staff A&E and PTS receive safeguarding level 2 training on the core training course. All clinical staff including EOC also receives level 2 safeguarding refresher training on the Core Skills Refresher (CSR) course. In addition local leads, EBS, Medical Directorate and Clinical Hub staff who provided support to staff have also received level 3 safeguarding children training. The Trust Board training booked for June 2015.

5.7 All non-clinical staff are required to complete the Trusts level 1 Safeguarding e-learning programme.

5.8 This year's refresher training consisted of consent, outcomes, Female Genital Mutilation(FGM), learning disabilities, pressure ulcers, prevent and human trafficking.

5.9 The number of staff which have received the full NHS Prevent training is approximately 60. We have now appointed a



Prevent lead for the Trust and a plan to train all staff is being developed.

5.10 In addition to formal face to face training and e learning, regular updates and articles are published quarterly in the Safeguarding Update and Clinical News.

5.11 Articles have included the following topics, looked after children, self-harm, child sexual exploitation, mental health and safeguarding, witchcraft and spirit possession, honour based violence, children and alcohol and FGM.

5.12 The Trust also issues a Safeguarding pocketbook, detailing safeguarding roles and responsibilities to all staff on joining the Trust.

5.13 The Trust also assures that contractors we have employed are also trained see below.

5.14

Private contractors i.e amb companies	%Compliance with level two training	Date audit of training undertaken
Names of companies ERS MSL X9 SJA	100%	Jan-15
Voluntary amb staff list companies SJA BRC	100%	Jan & March 2015

## 6.0 Supervision

6.1 Effective Safeguarding supervision is important to promoting good standards of practice and supporting individual staff members and it has been highlighted as a fundamental requirement in the Care Act 2014, Working Together 2013 and from National Serious Case Reviews. Supervision allows

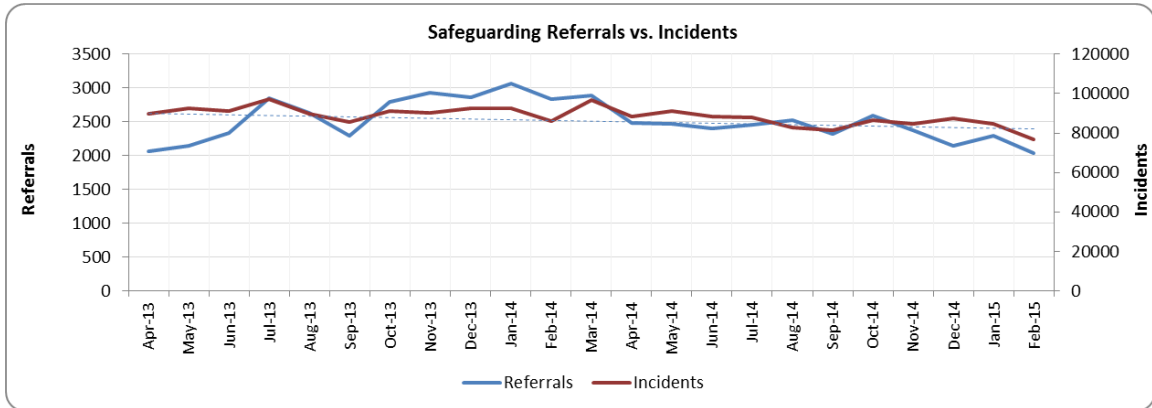


time for reflective practice and is a vital component in the protection of children and adults

- 6.2 The Trust do not currently provide individual safeguarding supervision to staff, due safeguarding team capacity. However, the service is able to provide group training and supervision to local leads.
- 6.3 The Head of Safeguarding currently receives safeguarding support from NHS England (London region).

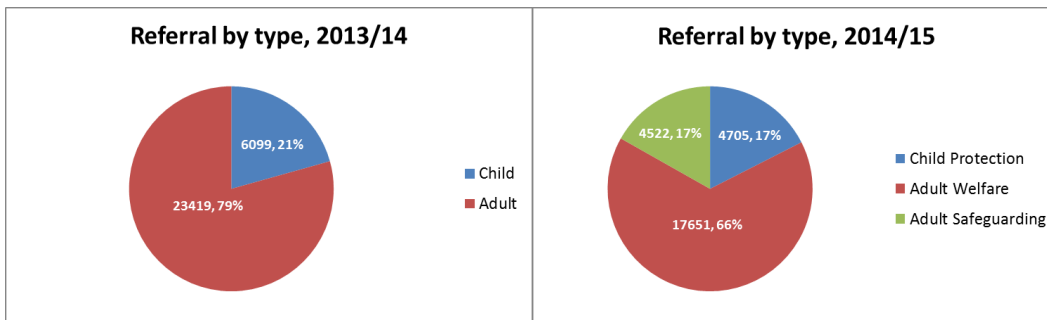
## **7.0 Safeguarding Referrals to Social Services.**

- 7.1 Staff make referrals via Emergency Bed Service (EBS). These are currently made by phone between 0800-2000 for children and non-conveyed adults. For conveyed adults and outside of these times staff complete a paper LA279 or LA280 and fax them through to EBS.
- 7.2 EBS currently fax all referrals to social services departments.
- 7.3 In the coming year we are looking to move away from faxing referrals to Social Services.
- 7.4 After a number of years of sustained growth in the number of safeguarding and welfare referrals, 2014/15 has seen the volumes stabilize, with some early indications that they may be beginning to drop. Referrals have averaged 2,350 per month, or 2.8% of all incidents attended. This is against an average 2,700 per month for 2013/14, around 3% of incidents.



7.5 The share of referrals has changed slightly in the last year, with fewer child protection referrals. A likely cause of this is an increase in mental-health related referrals which was due to misunderstanding among many crews caused by an imprecisely worded mental health assessment template. This was noticed and addressed in late 2014.

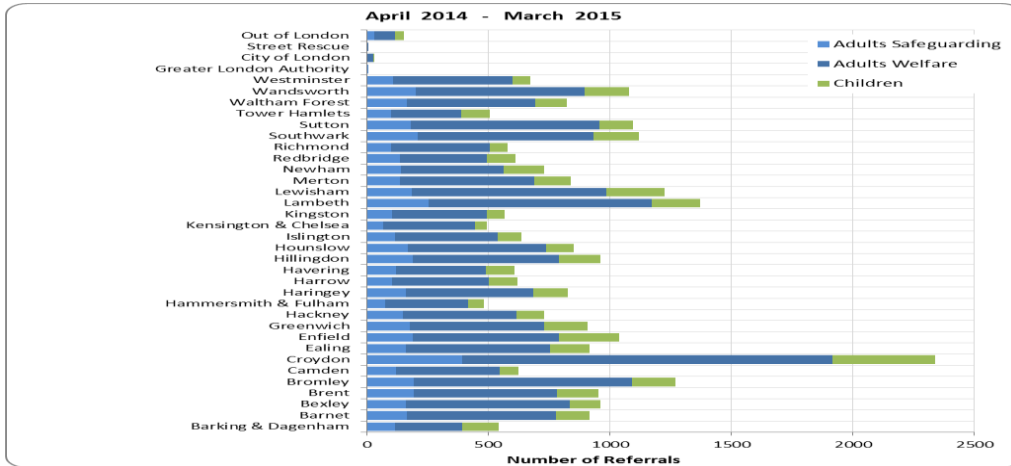
7.6 Improvements in the way we collate and report mean we are able to split out adult safeguarding from welfare this year.



7.7 This illustrates clearly for the first time that the overwhelming volume of referrals fall into the ‘welfare’ category.

7.8 Referrals when profiled by borough (Graph below) show a familiar pattern, with the most notable feature being the very high number of referrals originating in Croydon.

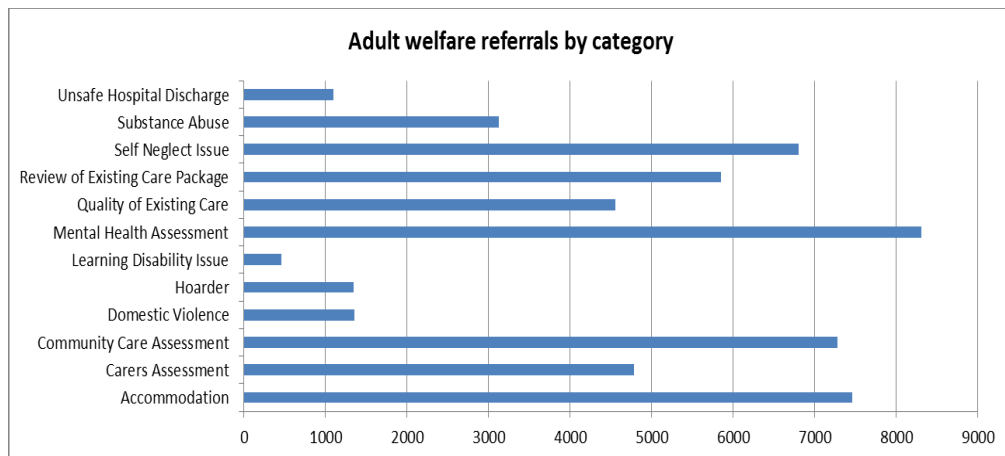
7.9 Figures by borough



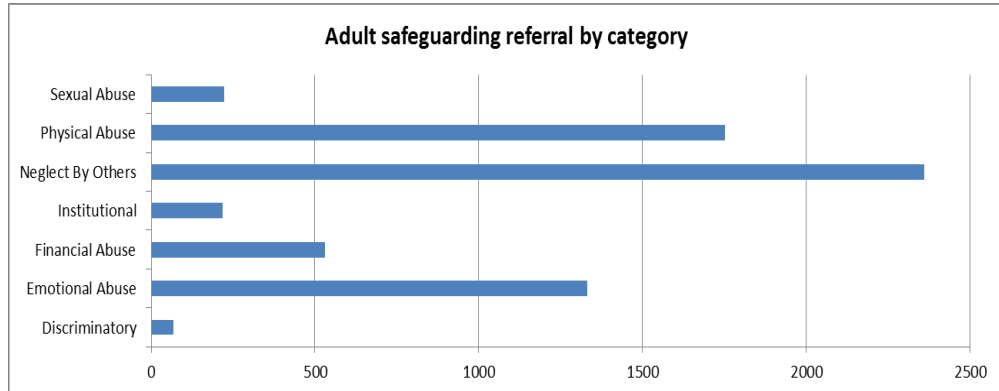
7.10 An audit of Croydon referrals is being undertaken.

7.11 We have improved our data collection this year and are now capturing categories of referral.

7.12 The Categories for welfare concerns are shown below.

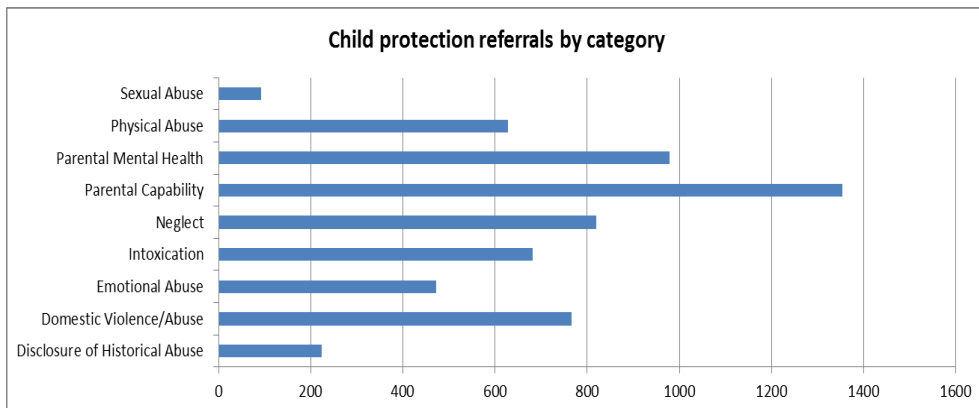


7.13 The adult referrals raised by staff as safeguarding during 2014-15 were for the following categories.



7.14 The child referrals are only recorded as safeguarding and the following categories were recorded for 2014-15

7.15



7.16 Please note that individual referral may fall into more than one category.

## 8.0 New policies procedure and guidance

8.1 The Safeguarding Adult policy has been amended to comply with the Care Act 2014.

8.2 The guidance for staff on mental health patients and Safeguarding was reviewed and amended to provide greater clarity for staff on when to refer to social care.



- 8.3 The Trust has introduced a new HR policy for Managing Allegations Against Staff. This is being supported with training to all HR staff and senior operations managers in April 2015.
- 8.4 A flow chart on staff Safeguarding responsibilities within the Trust been published, this shows responsibility throughout the Trust from Chief Executive and Trust Board to clinical and non-clinical staff.
- 8.5 Several safeguarding updates have been produced throughout the year providing guidance to safeguarding on safeguarding procedures.
- 8.6 The Trust implemented the NHS guidance on Female Genital Mutilation (FGM); this now requires all staff to record on clinical records and evidence of FGM. We also introduced the guidance on when to make a safeguarding referral for an unborn child, child and adult.
- 8.7 The Trust has agreed two new leads within the Trust with Kevin Bate the Deputy Director of Operations taking on the PREVENT lead for the Trust, and Jaqualine Lindridge taking on the role of Mental Capacity Act (MCA) Lead.
- 8.8 The Trust has also agreed the Terms of Reference for the Safeguarding Committee, which ensures that there is effective and high quality safeguarding practice throughout the Trust.

## **9.0 Safeguarding Action Plans**

- 9.1 The implementation of the safeguarding action plans is monitored by the Trust's Safeguarding Committee. This is divided into a number of work streams. All work streams are progressing well; the exceptions and highlights are reported in the action plans.



- 9.2 The Action Plans contain the actions that are required to ensure the Trust is compliant with legislation, National documents/recommendations and learning from incidents.
- 9.3 Child Action Plan is detailed in Appendix One.
- 9.4 In March 2011, the Department of Health published a Safeguarding Adult and Assurance Framework to enable health trusts to identify how well they are meeting their safeguarding adult responsibilities. This was followed in 2014 by the Self-Assessment Risk Assessment Tool (SARAT) these are included in the Adult Action Plan in Appendix Two.

## **10.0 Summary**

- 10.1 Overall self-assessment reveals that the Trust is compliant with CQC standards for Safeguarding apart from supervision which will be addressed in 2015-16.
- 10.2 Prevent has remained a challenge for the Trust this year however with the recent appointment of a lead and a plan being developed this should sufficiently improve this year.
- 10.3 All action plans are progressing well and is monitored by the Safeguarding Committee.
- 10.4 Work to implement the Care Act 2014 changes is well advanced and changes have been adopted on time on the 1<sup>st</sup> April 2015.
- 10.5 The Trusts needs to develop a system to identify who is compliant or non-compliant with mandatory safeguarding training.
- 10.6 The Trust has delivered a wide range of safeguarding training across the Trust on inductions, level 1, level 2 and level 3 during 2014-15.
- 10.7 The Trust engaged in a considerable amount of partnership working during 2014-15 and consideration is being given to





how this can be maintained and improved with the introduction of the new operational restructure.

10.8 The Safeguarding governance arrangements within the Trust are working well and providing assurance to the Board.

Alan Taylor  
Head of Safeguarding



## Appendix One

### Children Action Plan

Title	Partnership working (Commissioned Standards & CQC)		
Objective	Action	Achieved/ outstanding	Impact
To develop hub and spoke system for monitoring attendance	Develop reporting system to capture local partnership engagement	Achieved	Annual reporting of engagement by local teams provided to safeguarding team.
Title	Education & Training (Commissioned standard & CQC)		
To ensure all staff receive level one training as a minimum	Develop e-learning for non-clinical staff. Provide safeguarding training on Induction courses.	Achieved	
Title	Supervision (Commissioned & CQC)		
Safeguarding supervision provided by trained professionals	Currently providing supervision in group sessions for EBS and local leads. Plan in 2015-16 to introduce individual supervision sessions for EBS and local leads	Outstanding	Risk to staff welfare, and patient care. Some group supervision provided. Staff can access support via LINC workers. Staff Safeguarding Action Plan used to educate and support staff.
Safeguarding supervision policy in place	Write policy and implement	Outstanding	To be developed once additional resources obtained
Title	Employment practice (Commissioned & CQC)		
Develop policy and procedures for managing allegations against staff	Write policy and implement	Achieved	
Title	Procedures and guidance (Commissioned & CQC)		
ROLE - Review conveyance in under 18s policy & guidance	Practice not consistent with London Guidance. Discussed with Coroners current practice to remain.	Achieved	Form A to introduced to ensure CDOP are made aware of child deaths
	Develop Form A notification to CDOP Panel	Outstanding	To be introduced by May 2015
Title	Audit (Commissioned & CQC)		
Undertake annual Section 11 audit	Audit undertaken and results published on LAS Website	Achieved	



Internal audit undertaken on Trust behalf by KPMG	KPMG to review policy and safeguarding practice and make recommendations	Outstanding	Report due to be published in May 2015
<b>Title</b>	<b>Learning from Serious Case Reviews (Savile Recommendations)</b>		
To ensure Trust considers all recommendations as a result of the 28 NHS SCR in relation to Savile and any implications for the Trust.	To review any Trust actions against the Lessons Learned form Kate Lampards Report. Chief executive to complete report on progress against actions and return by end of May 2015. Areas being reviewed and developed include, Visitors policy, frequency of Disclosure and Barring Service checks, Unified HR System across Trust that fulfills the recruitment and employment requirements for all employees, volunteers and contractors in a consistent manner.	Outstanding	Trust currently compiling report on progress against all recommendations and will be returned to Training Delivery Authority (TDA) by end of May 2015



## Appendix Two

### Adult Action Plan

Title		Strategy & Planning	
Objective	Action	Achieved/ outstanding	Impact
There is a strategic plan for safeguarding adults that includes Prevent and it is an integral part of quality.	Policy and Procedures details plan to ensure adults are safeguarded. Have a Trust Lead for Prevent and a strategic plan for the implementation of training and referrals.	Part achieved	Policy and procedures in place. Prevent Lead appointed in March 2015, strategic plan currently being developed.
Title		Systems for Prevention, responses; reporting & learning	
The service has guidance and processes to govern the use of restriction and restraint & where DoLS should be considered.	Review what action should be taken by Ambulance Trusts with regard to DoLS. Develop Restriction & Restraint policy.	Outstanding	Policy in draft format being reviewed by senior managers, implementation date May 2015
Title		Workforce, culture and capability	
The service provides training to enable the workforce to safeguard adults. The organisation has an approved Prevent Health Wrap Trainer and sessions are being rolled out to staff	Trust only has one Health Wrap Trainer, need to train trainers to deliver Prevent training. Develop plan for roll out of training for all Trust staff currently only approx 60 staff trained.	Outstanding	Trust not compliant with contractual requirement. Staff will not be able to identify and vulnerable people who may be at risk of radicalisation. Initial plan developed with agreement of NHS England. Prevent Lead has now been appointed and plan to roll out training is being developed for 2015-16.
Title		Learning from incidents, SI's, SCR, Complaints, reports and publications.	
Implement recommendations from Winterbourne View, SCR.	One recommendation is outstanding. To develop a Restriction and Restraint policy.	Outstanding	Policy in draft format being reviewed by senior managers, implementation date May 2015