



Safeguarding declaration – December 2009

The London Ambulance Service NHS Trust works hard to ensure that all patients, including children, are cared for in a safe, secure and caring environment. As a result, a number of safeguarding children arrangements are in place.

1. London Ambulance Service meets statutory requirements and NHS Guidance in relation to Criminal Records Bureau (CRB) checks – all staff that have direct or indirect contact with children, including control services staff who manage 999 calls, undergo an enhanced level of assessment. Our policy on *Employment History and Reference Checks* may be accessed [here](#). From 12 October 2009, increased safeguards have been introduced under the Vetting and Barring Scheme; for more information, see <http://www.isa-gov.org.uk>.

2. All the Trust's child protection policies and systems are up to date and robust and are reviewed on a regular basis, ultimately by the Trust Board. The last policy review occurred in September 2009 following consultation with local London Safeguarding Children Boards. Our policy may be accessed at http://www.londonambulance.nhs.uk/health_professionals/safeguarding-child_protection.aspx. The next policy review is scheduled for September 2010, unless national developments trigger this earlier.

For more information about London Safeguarding Children Boards, see http://www.londonscb.gov.uk/about_the_london_safeguarding_children_board/

3. Ambulance services are not usually involved in treating children who attend outpatient appointments, one of the issues NHS Trusts have been asked to clarify in relation to safeguarding practice. We do however have a robust system in place for reporting children for whom there are safeguarding concerns who we attend in the course of responding to a 999 call. Referrals are made to the relevant local authority. Details of this process are available at http://www.londonambulance.nhs.uk/health_professionals/safeguarding-child_protection/the_referral_process.aspx

Data about the number of referrals made can be accessed [here](#).

As we feel the issue has relevance, work is being undertaken to identify an audit of instances where children under two years of age are attended as a result of a 999 call but are not conveyed to hospital. This work was primarily identified in relation to

clinical assessment issues and the communications chain. A pilot audit tested the suitability of the clinical audit standards in place. As a result, an expert working group involving a number of paediatric consultants from external agencies has been assembled to inform future clinical practice and establish the most suitable clinical audit criteria. A review of current equipment relating to under-one clinical assessment is also being undertaken.

Consideration will be given to expanding this work to include all children up to the age of 16, although this would require increased resources. In view of this, we will liaise with the London Safeguarding Children Board accordingly.

4. The Trust has a strategy in place to deliver safeguarding training. This training is in accordance with guidance issued by the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) who are responsible for reviewing national practice.

The Trust also has in place a [Policy for Paediatric Care](#).

Our training regime also draws upon

- Safeguarding Children & Young People: Roles & Competencies for Health Care Staff (<http://www.e-lfh.org.uk/projects/safeguarding/index.html>)
- Every Child Matters - <http://www.dcsf.gov.uk/everychildmatters/>
- London Child Protection Procedures (www.londonscb.gov.uk)

An assessment based on the *Roles and Competences for Health Care Staff, Intercollegiate Document, April 2006* – see www.rcpch.ac.uk/doc.aspx?id_Resource=1535 - concluded that our training regime is equivalent to level two. An example of the desired learner outcomes may be accessed [here](#)

All eligible staff have undertaken relevant safeguarding training and this is regularly reviewed to ensure it is up to date. Training is not currently delivered to staff in non-operational or other than dedicated positions as they do not have any contact with children/patients or involvement with safeguarding matters.

100% of new clinical staff who have joined the Trust since 2005 (1,379) have received safeguarding training. Of the remainder of clinical staff employed as at March 2009, (2,318) we estimate that the vast majority have received level two training (the target is 80%) either through initial training on joining the Service, undertaking paramedic training or continuing professional development. Work is underway to confirm how many of the total of our staff have received each element of this training and we will publish this here when this work is completed.

Level three training is not currently widely delivered other than to staff in dedicated positions. This is because by virtue of the nature of emergency care, ambulance services do not have the same type of involvement in safeguarding matters as other NHS Trusts. The Medical Director, and in her absence, the Assistant Medical Director (Control Services) and the Head of Patient Experiences, are exclusively responsible for the submission of safeguarding case reports to local Safeguarding

Boards and other responsible agencies. All local safeguarding representatives and some staff who have a direct remit (see below) are expected to have an awareness of safeguarding practice equivalent to level three.

The last training review commenced in September 2009 as part of the safeguarding review being undertaken in conjunction with the National Ambulance Safeguarding Group. Proposals are being developed towards ensuring all UK ambulance services can put into place a common training programme and content. It is anticipated that these proposals will be made available to the Care Quality Commission who have a responsibility to ensure NHS Trusts are compliant with benchmark standards that can be applied to ambulance Trusts.

The Trust is innovative in its approach to ensuring all our staff are conversant with safeguarding issues. By way of example, safeguarding practice was discussed by the Medical Director during the 2009 annual consultation programme at each of our 26 ambulance station complexes and with control room staff. Over 1,000 staff attended these meetings. This primarily involved practice guidance in relation to Sudden Unexpected Death in Infants, Children and Adolescents – please see http://www.londonambulance.nhs.uk/health_professionals/safeguarding-child_protection/suidca.aspx

Regular updates are also provided in the Trust's in-house magazine, which is personally made available to all Trust staff. For example, please see [this article](#).

Whilst we believe exceptional circumstances apply, the Trust accepts that as matters stand and using the existing definitions, we are not fully compliant with the requirements in relation to the training aspect of safeguarding provision. We are however strongly committed to resolving what we consider to be an issue for all UK ambulance services via our involvement in the National Ambulance Safeguarding Group. We will publish the Action Plan here as soon as this has been agreed by the Group.

6. The Trust has named professionals who lead on issues in relation to safeguarding. They are clear about their role, have sufficient time and receive relevant support, and training, to undertake their roles, which includes close contact with other social and health care organisations. The total number of professionals in these roles is broken down by discipline as follows:

Consultant Doctor

The Medical Director is the Executive Director lead for Safeguarding Children and chairs the Safeguarding Group which reports to the Trust Board on safeguarding activity.

Administrative support:

Our Emergency Bed Service (EBS) administers safeguarding referrals made by ambulance staff in the course of emergency care activity. This is because this service is available 24/7 so that referrals can be actioned immediately. All members of EBS have these responsibilities. EBS has a staff team of 24. EBS also manage routine enquiries from safeguarding professionals in relation to referrals made by ambulance staff.

Patient Experiences Department (PED)

The Head of Patient Experiences is responsible for safeguarding work streams as part of the departmental portfolio. This generally involves strategic policy developments and more serious safeguarding cases, including the work related to Serious Case Reviews –

<http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/safeguardingchildren/seriouscasereviews/scrs/> - so that learning can be affected not only across the

Trust, but all UK ambulance services and the wider health and social care economy.

Specific examples of learning may be accessed at

http://www.londonambulance.nhs.uk/health_professionals/safeguarding-child_protection/safeguarding_children_declarat/learning_from_safeguarding_iss.aspx
[X](#)

Data about PED safeguarding activity is available [here](#) and [here](#).

A dedicated facility is available for safeguarding professionals to raise enquiries relating to referrals made by London Ambulance Service staff or any safeguarding matter – see http://www.londonambulance.nhs.uk/health_professionals/safeguarding-child_protection/the_referral_process.aspx.

PED have a staff team of 16, including a community social worker, who all have safeguarding within their responsibilities. Including the head of department, 5 staff have an enhanced role; this includes a specific Safeguarding Officer.

For more information about PED, see

http://www.londonambulance.nhs.uk/about_us/what_we_do/making_your_experiences_count/patient_experiences_department.aspx

Clinical Support Desk (CSD)

This is a unique facility amongst UK ambulance services. CSD staff are experienced paramedics, trained in a wide variety of specialist areas and can provide support and advice to ambulance staff *in situ*. CSD is staffed 24/7 and has a permanent staff team of 7 who work on a rota basis. This is complimented by a cohort of Team Leaders who have been trained accordingly so that the desk can have increased resourcing as required.

The Medical Directorate (MD),

The MD comprises 10 specialist staff who are able to offer peer review advice. This includes five Doctors, two Senior Paramedics, two Clinical Advisors and a Consultant Midwife. The MD also facilitate a 24/7 'on call' facility.

7. The Trust Board takes the issue of safeguarding extremely seriously and receives regular reports on safeguarding children issues. An example can be found on [page 76 of the November 2009 board papers](#). Following a change management review when PED were afforded responsibility for safeguarding from April 2009, an annual safeguarding report will be presented to the Trust Board. This will also be published on the Trust's website. The first annual report is scheduled to be completed in May 2010.

8. The Trust Board has robust audit programmes to assure that safeguarding systems and processes are working. This is maintained via the reporting mechanisms described.

Our Safeguarding Group, chaired by our Medical Director, takes lead responsibility for strategic policy and practice. For example, earlier this year we responded to the National Institute for Clinical Excellence consultation on child maltreatment - see http://www.londonambulance.nhs.uk/health_professionals/safeguarding-child_protection/consultation_on_child_maltreat.aspx

For more information, please see the [Group's Terms of Reference](#) and [a recent example of meeting minutes](#).

Each ambulance station complex has a nominated Safeguarding Lead, usually the ambulance operations manager or a specified member of the management team, who has a responsibility to represent the Trust at serious case review meetings etc according to a particular local authority or primary care trust area.

The Head of PED also liaises with the 32 x local London Safeguarding Children Boards and NHS London on both individual cases and strategic issues.

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