LONDON AMBULANCE SERVICE NHS TRUST

SECTION 11 SELF ASSESSMENT TOOL

May 2014

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Title: Section 11 Self Assessment Tool	Version: 1.0
Date: 19/05/2014-2015	Owner: Alan Taylor/Named Professional Safeguarding Children

STANDARD 1 – Senior management have commitment to the importance of safeguarding and promoting children's welfare

How effective is the commitment of senior management to safeguarding and promoting the welfare of children within your agency / organisation?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Named person at senior level responsible for safeguarding and championing role clearly in job description Corporate plans include reference to safeguarding and staff involved Senior managers demonstrate good understanding of safeguarding Annual monitoring in place and is communicated to staff and action plans to address issues developed	Executive Lead Steve Lennox Director of Nursing and Quality works at senior level with responsibility to champion role clearly in job description. Safeguarding policy reviewed and agreed Oct 2013 Safeguarding Committee reports to the Clinical Quality, Safety and Effectiveness Committee which reports to Quality Committee. Head of Safeguarding provides updates to Trust Board on Safeguarding. Sec 11, completed annually Peer review undertaken by National Ambulance Safeguarding Group 11th September 2013 All outstanding and improvements are recorded and monitored on the Safeguarding Children Action Plan. Have a staff safeguarding action plan to evidence learning from incidents i.e. missed referrals. Produce quarterly report on safeguarding activity which is shared internally and with external partners.

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	How do you know? – include evidence of improved outcomes
	Clinical Quality, Safety and Effectiveness Committee which reports to Quality Committee. Job Descriptions have Safeguarding Roles and Responsibilities explicitly included within. Development and Support for Local Safeguarding Leads across all Complexes. Trust Board. Safeguarding Children Action Plan. Annual Safeguarding Report. Safeguarding Children Scorecard. Safeguarding Children Policies and Procedures. Safeguarding Quarterly Report. All above communicated to all staff via X:Drive, The Pulse and meeting minutes.

Are any actions required to improve effectiveness?	How will you do this?	Who will lead?	Timescale?
Increased attendance at London Safeguarding Children Board meetings	Inform, encourage, monitor and manage attendance	Assistant Director Of Operations Safeguarding Lead	December 2014

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STANDARD 2 – There is a clear statement of the agency's responsibility towards children and this is available to all staff

How clearly are the agency's responsibilities towards children communicated to all staff?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
All staff are aware of safeguarding policies and procedures	All Policies and Procedures available on X:Drive and via The Pulse. Notification to staff via the Routine Information Bulletin (RIB)

Core Skills Refresher has Safeguarding included in sessions

Operational Work Place Reviews feature Safeguarding Supervision.

Medical Directors Bulletin – disseminates urgent messages.

Safeguarding team issue update bulletins

Trust Safeguarding Children Action Plan.

Safeguarding Children Scorecard.

Safeguarding Pocket book issued to all staff. |
| Effective complaints system in place, which is in line with current statutory guidance, for children, staff & other people to make complaint about non-compliance to agency's procedures. | Patient Experiences Department has effective complaints system in place – information disseminated to all health and social care agencies pan-London; established relationship with Independent Complaints Advocacy Service. |

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Child friendly complaints information Organisation demonstrates how recommendations / outcomes on practice are communicated to staff Commissioning arrangements include monitoring of sec 11 responsibilities Organisation can demonstrate policies and procedures have positive impact on outcomes for children	Designated Nurse for Safeguarding Children monitors Sec 11 responsibilities. Currently developing an easy read version of how to make a complaint Clinical Updates feature Safeguarding Cases arising from Serious Case Reviews (SCR).		
	How do you know? – include evidence of improved outcomes		
	Policies and Procedures have a clear focus on the well being of Children, Young People and their Families. Continued increase in safeguarding children referral (LA279) completion by crews. Actions arising from SCRs fed in to Action Plan, feedback and supervision given to staff involved via the Safeguarding Feedback Form captured on Datix.		
Are any actions required to improve effectiveness?	**How will you do this?**	**Who will lead?**	**Timescale?**
Completion of Easy read complaint procedure information	Online easy read information	Communications Department and Head of Patient Experiences	June 2014

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STANDARD 3 – There is a clear line of accountability within the organisation for work on safeguarding and promoting welfare

How clear is the line of accountability within the organisation for work on safeguarding & promoting welfare?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Named person has ultimate accountability for safeguarding arrangements There are clear lines of accountability from staff through organisation to named person & flow chart of accountability is displayed and available to staff Anyone who comes into contact with children or their families has their responsibility towards children's welfare explicitly stated in job description. Staff are aware who has overall responsibility for agency contribution, and are clear of own responsibilities. Effective supervision and monitoring is available to all staff.	Executive Lead Director of Nursing and Quality has ultimate accountability for safeguarding arrangements. Named Professional and Head of Safeguarding for Children in place. Lines of responsibility include Head of Safeguarding/Named Professional for Safeguarding Children, Mental Health Lead, Named Professional for Adults, Educational Lead, Lead Manage Patient Experiences Department (PED), Lead Doctor, Lead for Referrals, Lead for Prevent, Lead Assistant Director Operations, Local Safeguarding Leads and all staff have a responsibility to protect children (Chart to be devised demonstrating lines of responsibility through organisation) Job Descriptions for all clinical and managerial staff explicitly contain Safeguarding Role and Responsibilities. Staff training delivered on induction and Core Skills Refresher, covers Trust and own responsibilities, also detailed in safeguarding pocket book issued to all Trust Staff. Supervision in place for lead safe in roles with particular responsibilities to safeguard children: Emergency Bed Service, Clinical Hub, Local Leads.

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	OWR include Safeguarding elements and gave an opportunity for Team Leaders to assess knowledge and awareness of safeguarding issues and the understanding of the policies and processes in place during an observational shift with frontline staff. Safeguarding supervision provided using the Staff Safeguarding Feedback Form Supervision appendix to be added to safeguarding policy		
	How do you know? – include evidence of improved outcomes		
	The safeguarding committee drives the Trusts' action plan for safeguarding children and the safeguarding of adults and the committee meets every 6 weeks. Staff job descriptions includes safeguarding roles and responsibilities. Minutes of supervision sessions. Meeting Minutes. OWR/CSR 1.		
Are any actions required to improve effectiveness?	**How will you do this?**	**Who will lead?**	**Timescale?**
Chart to demonstrate lines of responsibility through organisation	Document to be shared on Pulse and X:Drive	Named Professional	End July 2014
Supervision appendix to be added to Safeguarding policy	Write appendix review and agree at safeguarding committee and SMT	Named Professional	September 2014

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STANDARD 4 – Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children & families

How effectively does service development take into account need to safeguard? How is it effectively informed by views of children & families? How can you demonstrate improved outcomes?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Service development has taken into account the need to safeguard and promote the welfare of children Children & their families are actively involved in design, development & delivery of services & their involvement is demonstrated. Different methods of communication are available to children to express their views. Children & young people are involved in the development of equal opportunity policies There is a responsive process in place to act on identified unmet need Improved outcomes for children matched to agency / LSCB business plans are demonstrated as a result of service	Safeguarding Committee. Safeguarding Children Action Plan. Role of EBS Signposting on Trust website, email, telephone, address Materials (puzzles and quizzes etc.) are available on the LAS website (Key Stage 1, with Key Stage 2 materials being developed) to engage children. Insight in to management Programme, where we work with a group of six-formers on a project. Wide range of activities across the Trust to engage children and young people, including: • School visits (all ages) • Cubs, scouts, brownies, guides etc. • Junior Citizen Schemes (mostly year 6) • Knife crime education (all ages); this includes visits in specialist units such as pupil referral units, youth offending teams and prisons etc. • Road safety activities

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development	• Careers events/ development activities • Fairs, fetes, and fun days Whilst these activities are not mostly directed at the design/development/delivery stage, they do provide opportunities for children and young people to give us feedback about services and express their views.		
	How do you know? – include evidence of improved outcomes		
	Missed referrals captured and entered on to case management system – to assist and enable identification of emerging trends and address individual episodes and fed back to staff via the staff safeguarding feedback form using a process of supervision and recorded on Datix. We routinely seek feedback on our public education work from the organisers.		
Are any actions required to improve effectiveness?	**How will you do this?**	**Who will lead?**	**Timescale?**

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STANDARD 5 – There is effective training on safeguarding & promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children & families

How effective is training on safeguarding & promoting welfare of children for all staff & volunteers working with or in contact with children & their families? Can you demonstrate improved outcomes as a result?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
A clear induction process is in place for all staff that addresses safeguarding & is delivered in a timely way Staff receive appropriate safeguarding training & individual training plans are in place Organisation can evidence training undertaken by staff through a database Training enhances staff awareness of diversity issues Organisation can demonstrate impact of training on practice & improved outcomes	Safeguarding Children Training is Mandatory for all staff. Level 1 Safeguarding included on Induction. Level 1 eLearning–rolled out from February 2014 Level 2 included on all paramedic programmes. Level 3 for staff in key positions. OWR/CSR Feature Safeguarding Children. Staff hold individual training records Training includes diversity issues
	How do you know? – include evidence of improved outcomes

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Course Syllabus includes Safeguarding Children and Young People.
Training undertaken during 2013-14

- Induction =
- Level One e learning = 174 staff completed
  Level One percentage – 15.71%
- Level Two core clinical courses = 259
- Level Two Emergency Operations Centre staff = 45
- Level Two refresher training = 2992
  Level Two percentage 79.02%

Referrals being made by staff continue to raise. This year has seen us introduce a referral pathway for our control room staff which has added to referrals.
Figures for this year are

	Adult	Child	Total
2012-2013	16994	4738	21732
2013 - 2014	25478	6095	31573
% Increase	50%	29%	45%

Are any actions required to improve effectiveness?	How will you do this?	Who will lead?	Timescale?
Full Trust strategy on safeguarding training. Ability to capture all training undertaken	Current top down review of training needs analysis for the Trust is underway. Produce Safeguarding Training Strategy	Assistant Director of Organisational Development. Head of Safeguarding	Sept 2014 June 2014

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STANDARD 6 – Safer recruitment procedures including vetting procedures and those for managing allegations are in place

How robust are organisation's recruitment, vetting and managing allegations procedures?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Organisation has safer recruitment & selection procedures in place in line with statutory guidance Organisation can demonstrate that agencies commissioned to provide services have safer recruitment in place Safer recruitment training is in place for managers involved in recruitment Organisation has managing allegations procedures in place A senior manager has been identified for the managing allegations process & knows who the LADO is and when to contact them Support is available for staff who are subject to allegation	All appropriate Trust employees have undergone a (CRB) check. These include all new starters in operations and control and all management posts The Trust undertakes an enhanced DBS check and ISA checks on appropriate recruitment and role changes. Expectation around safeguarding responsibilities outlined in SLA/contracts with other providers working on behalf of the Trust, eg VAS, private companies, NHSD The Trust has procedures to manage allegations via the disciplinary procedure. Safer recruitment & selection procedures in place in line with statutory guidance. Director of Nursing and Quality identified for managing allegations process knows who the LADO is and how and when to contact them. HR has process in place to support staff subject to allegation via the disciplinary procedures. Staff who are suspended also receive an individual named support manager. Need to improve audit processes to ensure monitoring of safer recruitment.
	How do you know? – include evidence of improved outcomes

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Audit processes are in place to monitor safer recruitment & managing allegations	The Trust complies fully with the duty to inform the Independent Safeguarding Authority (ISA) if our organisation dismisses or removes a member of staff/volunteer from working with children and/or vulnerable adults because they have harmed a child or vulnerable adult. We have had no cases of this nature in 2012-2013. When appropriate the Exec Lead (or Named Professional) informs LADO if we have any concerns about our staff; during 2012 – 2013 there were no cases. The executive lead did seek advice on one occasion.		
Are any actions required to improve effectiveness?	**How will you do this?**	**Who will lead?**	**Timescale?**
The guidance on how to manage concerns regarding employees needs updating. Guidance is available from the London procedures, HR are considering whether to enhance disciplinary policy or write a stand alone policy	HR to discuss and review through HR procedures	Andrew Buchanan Senior Human Resources Manager and member of Safeguarding Committee	September 2014

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STANDARD 7 – There is effective inter-agency working to safeguard & promote the welfare of children

How effective is inter-agency working by your organisation? How do you demonstrate improved outcomes as a result?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Multi-agency working is actively promoted	The Director of Nursing & Quality is a member of the Tri Borough Safeguarding Board.
Early Assessment tools are utilised to improve outcomes and are monitored for effectiveness of improved outcomes	The Trust has external members including Metropolitan Police & Designated Nurse on the Safeguarding Committee.
Agency contributes to the team around the child approach	Local Complex Reps attend LSCB Health Sub Group or equivalent
Organisation uses LSCB inter-agency protocols for specific needs	The Trust uses Patient Specific Protocols (PSP) and Individual Dispatch Procedures (IDP)
Organisation ensures effective contribution to Sec 47 investigations and CP Plans	The safeguarding team 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
participation in multi agency planning at multi-agency meetings is monitored and non-attendance addressed	The Trust contributes to Rapid Response Meetings (RRM), Serious Case Reviews (SCR), MARAC and Case Conferences
Outcomes identified though assessment of children are monitored to demonstrate	Clinical Audit and Research Unit (CARU)

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improvement at all levels of intervention	**How do you know? – include evidence of improved outcomes**		
Children & their families are consulted on regarding the effectiveness of inter-agency working.	Database captures names and attendance at LSCB meetings. This improves communication and information sharing between the LAS and other professionals involved in Safeguarding Children work. Database sits on the X:Drive. Annual audit of local safeguarding activity undertaken with complexes Form B completion by Safeguarding Team SUDICA Clinical Audit July 2012 Openness and transparency – all polices and practice guidelines available on Trust website		
Are any actions required to improve effectiveness?	**How will you do this?**	**Who will lead?**	**Timescale?**
At complex level, attendance is inconsistent. Across the service the majority of complexes regularly attending LSCB meetings.	A hub and spoke model has been developed for the continued monitoring of attendance and the feeding into the corporate system any local learning.	Named Professional	Ongoing

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STANDARD 8 – There is effective Information Sharing

How effective are the organisations arrangements for information sharing governance?	
Compliance checklist – policies & procedures, organisational arrangements	**Describe / identify how your organisation meets this standard.**
Organisation has a clear policy on appropriate information sharing to ensure children are safeguarded and their welfare promoted Organisation can evidence how this impacts on outcomes for children Training addresses need for effective information sharing and encourages staff to use professional judgement Staff know where to seek advice on information sharing & have confidence in their professional judgement	DPA/Children Act enable sharing of information where appropriate to do so Information is shared via LA279 Child at Risk/in Need report form completion. These referrals are made by frontline crews detailing their concerns about children who may be at risk of abuse or neglect which are faxed by Emergency Bed Service (EBS) to Children's Services for action Frontline staff may also refer to Metropolitan police Service if the child or young person is thought to be at risk of significant harm or a crime has taken place Safeguarding Team complete form B and other reports as requested. Staff may seek advice, support on information sharing from the Clinical Hub, EBS and the Named Professional for Safeguarding Children Patient Specific Protocols & Individual Despatch Protocol and High Risk Register – including letting patient know Record Management policy in place (TP29) Safeguarding children policy in place (TP18)
	How do you know? – include evidence of improved outcomes
	Referrals are increasing in number this demonstrates frontline crew's ability to detect children who

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may be at risk of abuse or neglect and share information with the relevant professionals

Education package clearly states importance of information sharing to safeguard the welfare of children and young people

Safeguarding pocket book details duty to share information and that Data Protection Act is not a barrier to sharing information.

Requests for information from Patient Experience Department (PED) and safeguarding email address.

Form B completion by Safeguarding Officer at request of local authority

Are any actions required to improve effectiveness?	How will you do this?	Who will lead?	Timescale?
Crews may miss an opportunity to refer a child or young person at risk of abuse or neglect	Monitoring of 'missed opportunities to refer' are monitored and fed in to Datix patient management system utilising information obtained by CARU, SCR, RRM using the Safeguarding Staff Feedback Form.	Safeguarding Officer	Ongoing

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This audit was completed by:
Name: Alan Taylor
Position: Named Professional for Safeguarding Children London Ambulance Service NHS Trust
Signed: AT
Date: 19th May 2014

Lead Commissioner:
Name: Mark Docherty MSc, BSc(HONS), RN, MIHM, Cert MHS
Position: Director of London Ambulance Service Commissioning
Signed:
Date 30th May 2014

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Section 11 guidance notes

What is Section 11?
Safeguarding children is everyone's responsibility. S.11 of the Children Act places a statutory duty on key organisations to make arrangements to ensure that in discharging their functions they have regard to the need to safeguard and promote the welfare of children.

It is important to remember that s.11 does not give agencies any new functions, nor does it over-ride their existing functions. Instead it requires you to carry out your existing functions in a way that takes into account the need to safeguard and promote the welfare of children.

Who does s.11 apply to?
S.11 compliance is a mandatory requirement for key organisations involved with children and young people, including:

- Local Authorities
- The Police
- The Probation Service
- NHS Bodies (including designated special health authorities, primary care trusts, NHS trusts and NHS Foundation Trusts)
- Youth Offending Teams

Guidance notes to support the completion of the S11 self assessment tool

This assessment tool has been designed to provide agencies with the opportunity to highlight areas of strength and to identify areas for development in respect of their section 11 duties and responsibilities. This will assist the LSCB partnership in identifying where to target support in order to drive safeguarding standards upwards.

In completing the assessment tool

1. If an agency decides that a particular strand within the assessment tool is not applicable the agency must clearly set out why the standard is not relevant.
2. When referring to children, the standard includes all children and young people aged 0 to 18 years
3. Safeguarding and promoting the welfare of children is defined within WT 2010 (1.20) as:

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.

This tool covers the continuum of safeguarding need from early safeguarding provision to statutory child protection processes.

Evaluation of responses
All LSCBs are inspected using OFSTED grading standards. S 11 evaluation reports will measure compliance using the OFSTED standards.

You may wish to reference your own inspection standards as evidence within submissions.

Evidencing the standards
When providing evidence to support compliance with standards you must be assured that statements made within the completed tool are correct and based on accessible evidence.

This self-assessment tool does not require agencies to submit documentation as evidence; however evidence may be subsequently requested.

The self-assessment must demonstrate the impact of policies and practice on identifiable improved outcomes for children young people and families for which evidence is available.

Demonstrating Outcomes
To demonstrate improved outcomes you may, for example, discuss how you identified areas for improved outcomes, what you hoped to achieve, what you did and then set out who was better off.

STANDARD 1 – senior management commitment to the importance of safeguarding and promoting children's welfare

Job descriptions clearly set out the expectations placed on the named person.

Corporate / business plans highlight the improved outcomes expected as a result of the plan so that measured improvements in safeguarding, including child protection, are easily identifiable.

Ofsted and CQC guidance to be used where applicable throughout- www.ofsted.gov.uk; www.cqc.org.uk. Where voluntary services are contributing to the process safe network standards are to be used www.safernetwork.org.uk

To include reference to Health and Wellbeing Boards and Children's Partnerships where applicable.

STANDARD 2 – A clear statement of the agency's responsibility towards children is available to all staff

How do you know that your staff are aware of their safeguarding responsibilities eg how many staff are trained and level of training, induction training, professional development that highlights safeguarding knowledge, appraisals etc.

Provide evidence of complaints made regarding safeguarding issues including compliance with procedures. Include how the agency used complaints to improve service outcomes through organisational learning. You may include learning from serious case reviews, single and multi agency audits etc

Evidence how your agency ensures that any contracted/commissioned agency has the required level of safeguarding knowledge, including those who provide locum services. Evidence how you monitor contractual safeguarding compliance matched to outcomes including, for the voluntary sector, safe network standards.

STANDARD 3 – A clear line of accountability within the organisation for work on safeguarding and promoting welfare

Even if safeguarding is not your core business, agencies must evidence the accountability structure in place to ensure that children and young people are safeguarded and their welfare promoted, for example, through Think family/ hidden harm / safe networks / CQC standards/ Ofsted etc

STANDARD 4 – Service development takes into account the need to safeguard and promote welfare and is informed, where appropriate, by the views of children & families

Some suggestions for evidence within this section may include:

Equality impact assessments that include a specific area on safeguarding

How you have utilised young people forums to inform strategic planning or decision making

The methods that have been used to ensure the diverse needs of children are identified and addressed.

Identify the outcomes your agency prioritised and evidence how these have been progressed towards achievement.

STANDARD 5 – Training on safeguarding & promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children & families

Agencies must consider single and multi agency training undertaken: You may have discussed training elsewhere, this can be cross referenced.

A database for recording attendance at training can be in a number of formats including excel spreadsheet / word / electronic

STANDARD 6 – Safer recruitment procedures including vetting procedures and those for managing allegations are in place

How do you promote the role of the LADO within your agency (intranet / internet / websites / Team Meetings etc)? What evidence do you have to demonstrate that processes are embedded within your organisation and referrals made whenever an allegation is made.

Evidence could include referrals made to the Independent Safeguarding Authority (ISA), that they have been fully completed, not stopped due to staff resignation / checks made including CRB and professional registration.

STANDARD 7 - Effective inter-agency working to safeguard & promote the welfare of children

How do you utilise data and provide examples. For example provide an example of how you have acted on your data to improve early intervention provision.

Where applicable evidence how your organisation has used interagency protocols.

Show how you have worked effectively with LSCB partners to successfully deliver Care plans and appropriately support any s47 investigation.

Evidence to include how you monitor agency attendance at child protection conferences and core groups and ensure effective contribution to child in need and looked after children planning

Further examples could include attendance at multi agency meetings/ evidence of how non attendance at key meeting is addressed within your agency/ Agency progression of child in need plans / team around the child plans etc / dispute escalation procedures in place for resolving disagreement internally and externally on case issues

STANDARD 8 – Effective information sharing

Evidence practice links to the statutory guidance 'Information Sharing for Managers & Practitioners (DCSF) and the 8 golden rules. If information sharing arrangements

are effective it will include secure transfer of information such as secure email, password protection etc.

Effective and appropriate information sharing could be identified through increased cases of early identification of need.