

## Minutes of Safeguarding Group Meeting 09 December 09

### Present:

|                 |  |
|-----------------|--|
| Gary Bassett    | Chair: Head of Patient Experiences                           |
| Alan Hay        | EBS Deputy Operations Manager                                |
| Alison Oakes    | EBS Operations Manager                                       |
| Lyn Sugg        | Liaison Officer to Olympic ODA & LOCOG                       |
| Gary Ralph      | Practice Training Manager                                    |
| Mark Faulkner   | Clinical Advisor to the Medical Director (Rep: Fionna Moore) |
| Margaret Vander | PPI Manager  |
| Lysa Walder     | ECP, Safeguarding Rep (Croydon)                              |

### Apologies for Absence:

|                |                               |
|----------------|-------------------------------|
| Fionna Moore   | Medical Director              |
| Briony Ladbury | Safeguarding Lead, NHS London |
| Cathy Rideout  | AOM, Newham                   |
| Phoi-Ti Ly     | Safeguarding Officer, PED     |

1. Meeting Schedule/Revised Safeguarding Declaration: GB explained that scheduled bi-monthly meetings would be sent to group members for the forthcoming year, but that there would be a further meeting in January 2010 in the light of the Trust's obligation to publish a revised Declaration. GB further explained that it was envisaged that the Group would consider a particular theme at each further meeting.
2. Update on Referral Administration: AH provided an update on the administrative responsibilities undertaken by EBS since the Change Management programme in July 09. More referrals were being made by operational staff; in general terms these were now being made in a more timely fashion, although regular audit was now being facilitated to monitor this. Vulnerable adult referrals continue to be made at a ratio of 2:1 against child protection referrals. Timeliness of Referrals: Discussion ensued about optimum ways to measure referral times, given the contextual circumstances operational staff face in treating and conveying a patient and some of the recent difficulties the Trust had experienced in achieving a timely handover of care at hospital. GB advised that NHS London had recently issued guidance that where there is a delay in handover exceeding 60 minutes the acute trust concerned are obliged to declare a SUI. However agreement had been reached that the time to complete a referral would be considered as part of the 'job cycle'. It was agreed that AH would seek IT assistance in developing a systematic approach to arranging a recording facility to better capture the time at which a referral is made. It was further agreed that EBS would maintain case management using an excel-based case management system, rather than attempt to modify Datix for the purpose. AH also advised that arrangements were in place to maintain the storage of referrals. GB offered a view that with the advent of electronic reporting it was likely that this would become redundant.
3. Feedback Loop: Discussion ensued about improving feedback from local authorities post referral. It was agreed that EBS will devise systematic arrangements so that reports can be issued to all local authorities on a weekly and monthly basis, outlining the number of referrals where an

acknowledgement has not been received, and where there has been no feedback on the action taken respectively. It is anticipated that this system will be in place by April 2010.

4. Data Analysis: GB explained that as EBS were now able to provide data about the volume of referrals made by each complex, it is proposed to undertake an analysis to attempt to identify any issues arising and draw comparative conclusions. Caution would, of course, need to be exercised taking into account a range of factors, for example, demographics that may influence the volume of referrals made.
5. Referral Completion Standards: AO reported that there were a number of examples of poor completion of the referral form which was the subject of feedback from social services departments. GB advised that similar issues have been identified by his department. GB advised that on any such occasion, feedback should be provided to the local management team. GR agreed to consider training requirements in this respect.
6. Electronic Referrals: GB advised that IT continue to devise an electronic solution so that operational staff can facilitate a referral direct to the relevant local authority, copying in EBS. It is envisaged that on completion this system will be piloted in the New Ways of Working sites. The Trust was, however, at the beginning of a process to consider improved case management applications including a web-based application. This would embrace a range of work streams. It was agreed that a specific mechanism for safeguarding case management and referral administration should be raised within these discussions.
7. Information Sharing: LW raised the issue of information sharing at the time of a referral given that on some occasions this was time-critical. GB explained that systems were now in place for contact to be made to EBS, PED and CSD in the event that further information was immediately required.
8. Referral Format: AH and LW agreed to consider the existing format for safeguarding referrals. GB agreed to approach LAPN on this matter, but emphasised that some revisions had already been proposed in the light of the work described (see paragraph 6).
9. National Ambulance Safeguarding Group/Training: GB explained that in the wake of the Baby P case, a national ambulance safeguarding group had been established, chaired by the CEO at YAS. Each UK ambulance Trust were experiencing a challenge in complying with CQC expectations in relation to safeguarding training, as these do not sit very comfortably with the organisational structure or workload demands of ambulance services. The national group are proposing to develop a common training portfolio and to make representations to CQC accordingly. Given that this was an issue as far as the revised Declaration, LW and GR agreed to provide an analysis comparing the Trust's existing training regime to the widely accepted level 1-3 training.
10. Vulnerable Adult Guidance: LS gave an overview of the work being undertaken by the NHS Advisory Group considering the review of *No Secrets*. Revised guidance is being completed and LS has contributed to this, her perspective on practice from an ambulance service point of view being warmly received.

11. Vetting & Barring Scheme: GB advised that he had attended a presentation by the DoH Lead at LAPN on the Vetting and Barring Scheme, and had provided a briefing paper to Human Resources.

Date of Next Meeting – 09:30 January 18<sup>th</sup> @ Pocock Street