

Safeguarding Adults at Risk Audit Tool 2015-2016

Audit of arrangements in individual organisations to Safeguard and promote the wellbeing of Adults at Risk

1.0 Introduction

The Safeguarding Adults at Risk Audit Tool has been developed by the London Chairs of Safeguarding Adults Boards (SABs) network and NHS England London. It reflects statutory guidance and best practiceⁱ.

The aim of this audit tool is to provide all organisations in the Borough with a consistent framework to assess monitor and/or improve their Safeguarding Adults arrangements. In turn this will support the Safeguarding Adult Board (SAB) in ensuring effective safeguarding practice across the Borough.

The audit tool is a two-part process:

- Completion of a self-assessment audit
- A safeguarding adult board challenge and support event.

The purpose of the tool is to provide the SAB with an overview of the Safeguarding Adult arrangements that are in place across the locality identifying:

- Strengths, in order for good practice can be shared
- Common areas for improvement where organisations can work together with support from the SAB
- Single agency issues that need to be addressed
- Partnership issues that may need to be addressed by the SAB.

The audit can be carried out at any time of the year, although it is ideal to aim for the end of the financial year so that findings can feed into the New Year's SAB business plan and improvements can be reported in the SAB annual report.

NHS England is happy to receive completed audit to support the CCG Assurance process.

Thereafter the SAB will facilitate and monitor improvement via annual challenge and support events and regular SAB meetings as necessary.

2.0 Completing the self-assessment audit

All partner agencies represented on the SAB will be encouraged to complete the self-assessment audit. It can be completed wider if it is felt worthwhile. For example, commissioners may encourage providers such as Care Homes and Domiciliary Home Care providers to complete a self-assessment by using this tool at appropriate provider forums. The tool can be adapted to suit the needs of the sector or organisation.

Clinical Commissioning Groups and NHS Providers are advised to complete the audit in full. Questions on commissioning should be completed by CCGs as well as health providers that commission services. These organisations should also complete the other aspects of the audit.

Organisations are required to make a judgement as to how well each question is being achieved based on the following rating:

GREEN rating – the organisation meets the requirement consistently across the organisation.

AMBER rating – the requirement is met in part; there may be pockets of excellence and areas for improvement.

RED rating - the organisation does not meet this requirement.

Areas with an amber or red rating must be supported by action to be taken to ensure improvement and by whom.

Examples of evidence that might be provided have been given – however these are only suggestions and will not be relevant for all organisations. The purpose of providing evidence is for the organisation to draw together relevant information for its own assurance. It is unlikely that the SAB will want to review the evidence.

The self-assessment audit should be used to help the organisation to improve and strengthen arrangements for Safeguarding Adults. An open and honest approach is encouraged to enable the organisation to get maximum benefit from the process.

3.0 The Challenge and Support Event.

The Challenge and Support event can help to build a stronger partnership. It is an opportunity for partners to identify what is challenging those most and to support one another by sharing what is working well.

Partners are asked to share their self-assessment audit prior to the event. A spread sheet showing the RAG rating for each of the partners against each of the criteria is a helpful way of sharing information.

The Challenge and Support event may be run as a facilitated workshop. It should allow time for partners to present what they are doing well and areas where they are working to improve outcomes.

The Challenge and Support event will help to identify:

- Single agency actions – which will be monitored by that agency and updates made to the Board.
- Partnership issues for action by the SAB or its sub groups.

4.0 Completing the audit and preparing for a Challenge and Support event

Discuss with appropriate colleagues/managers where you think you are in relation to each statement which applies to your organisation.

- Identify key strengths and areas where progress is most needed. Think about any constraints you face.
- Note down key points of discussion as a helpful reference for future action/discussion
- Reflect on discussion and agree your position on the rating scales for each statement:
- What have you found that is good about your organisation's approach to Safeguarding Adults that you could share with partners?
- What have you found that gives you cause for concern- including evidence from safeguarding adult reviews provider level concerns, serious incident investigation or other reviews ,as appropriate
- It may be helpful to ask organisations to present the top three things where they are doing well and three areas where they need to improve when you get together at a challenge and support event.

You will want to consider

- How will you review progress on necessary actions on issues of concern?
- Should these actions be integrated into other action plans for individual organisations or for the SAB or the Health & Wellbeing Board?

Organisation:	London Ambulance Service NHS Trust		
Executive Lead responsible for safeguarding adults:	Name: Zoe Packman	Designation: Director of Nursing & Quality	
	Tel no:	Email: Zoe.Packman@lond-amb.nhs.uk	
Name of person completing this audit:	Name: Alan Taylor	Designation: Head of Safeguarding	
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Name of person authorising this audit:	Name: Alan Taylor	Designation: Head of Safeguarding	
	Tel no: 07748770969	Email: Alan.Taylor@lond-amb.nhs.uk	
Date audit completed:	20 th November 2015	Date audit authorised:	5 th January 2016

Summary of audit findings	
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and identified issues of concern:			
Actions to be taken Red and Amber areas:			
Area:	Action	Lead	Date
<p>A1 The organisation has a senior staff member that has the responsibility to “champion” safeguarding (and where applicable the MCA and PREVENT) throughout the organisation. They have received up to date training in Adult Safeguarding legislation, and where appropriate, Prevent and the MCA. The senior staff member keeps Senior Managers informed of all issues relevant to safeguarding and promoting wellbeing. They have sufficient time and training to carry out this role. The senior staff member may be the designated individual to whom concerns about an adult at risk are reported or there may be an additional role in the organisation for this purpose. This person will have a job description reflecting this specific role.</p>	<ul style="list-style-type: none"> • Service development bid submitted to secure appropriate resources for safeguarding. 	<p>Zoe Packman & Alan Taylor</p>	<p>April 2016</p>
<p>A4 /C5The Prevent Lead will take a lead role in ensuring the organisation has a Prevent Delivery Plan and Prevent Policy and Procedure to ensure the organisation champions Prevent, its links to safeguarding and meets its Statutory Duty as per the Prevent Duty 2015.</p>	<p>Develop the following</p> <ul style="list-style-type: none"> • Prevent Delivery Plan • Prevent Policy and Procedures 	<p>Kevin Bate & Alan Palmer</p>	<p>April 2016</p>
<p>B5 All NHS commissioned services are adhering to the NHS standard contract under service conditions 32 in relation to Prevent. For example an identified lead, training, and Channel Panel representation</p>	<p>To ensure PAS staff have Prevent awareness training</p>	<p>Kevin Bate, Alan Palmer & Jon Goldie</p>	<p>March 2016</p>
<p>C2 The organisation’s staff supervision policy supports effective safeguarding. It recognises that skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work.</p>	<ul style="list-style-type: none"> • Secure funds from NHSE to review safeguarding supervision. • Secure service development bid to enable scope to 	<p>Alan Taylor</p>	<p>April 2016</p>

	provide safeguarding supervision.		
D4 Your organisation has policy/ procedure/guidance setting out clearly the process and principles relating to sharing information across agencies and this is consistent with the legislation. The protocol is in accordance with the Pan London Safeguarding Procedures and the Care and Support statutory guidance	<ul style="list-style-type: none"> When Pan London published in April 16 review generic information sharing template for use across London organisations 	Alan Taylor & Stephen Moore	April 2016
Good or best practice examples you would like to highlight	Refers to section in audit tool (e.g. A1, F5)		
Developed pens for all staff with pull out chart on MCA and Care Act 2014 as well as safeguarding pocket books.	B1, C3		
Held Safeguarding and Mental Health conference for over 100 staff covered a range of subject with personal accounts of abuse and neglect from speakers	C3		
Staff Safeguarding Action Plan used to aid learning and reflective practice from safeguarding incidents	C7		
Good safeguarding governance with regular safeguarding committee chaired by Executive Director responsible for safeguarding, reporting to Clinical Effectiveness committee, to Quality Committee of Trust Board.	A3		
KMPG Internal Audit identified good safeguarding practice.			

SECTION A: LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE

The boxes within each section can be expanded to facilitate an answer however comprehensive or detailed it may be.

Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure improvement and by whom	Progress or date completed	
<p>*A1 The organisation has a senior staff member that has the responsibility to “champion” safeguarding (and where applicable the MCA and PREVENT) throughout the organisation. They have received up to date training in Adult Safeguarding legislation, and where appropriate, Prevent and the MCA. The senior staff member keeps Senior Managers informed of all issues relevant to safeguarding and promoting wellbeing. They have sufficient time and training to carry out this role. The senior staff member may be the designated individual to whom concerns about an adult at risk are reported or there may be an additional role in the organisation for this purpose. This person will have a job description reflecting this specific role.</p> <p>For some Board members this must be further formalised by identification of a Designated Safeguarding Adults Manager (DASM) (Care and Support Statutory Guidance para 14.176 and Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHSE, July 2015 para 4.2.4). This DASM role will include oversight of individual complex cases and coordination where concerns are raised. It will include managing adult safeguarding allegations against staff. <i>Please specify the post holder</i></p>					
A1	<p>Alan Taylor</p> <p>Kevin Bate</p> <p>Alan Palmer</p> <p>Jaqui Lindridge</p>		<p>Head of Safeguarding (and Named Professional for Children and Adults)</p> <p>Prevent Lead</p> <p>Emergency planning Prevent Advisor</p> <p>MCA Lead Consultant Paramedic</p>	<p>Insufficient time and resources for safeguarding.</p> <p>Service development bid in to increase the safeguarding team to meet legislation requirements as only 2 wte for children and adults, and team unable to manage workload.</p> <p>MCA lead has insufficient time to fully undertake role.</p>	

*A2 The organisation is committed to safeguarding adults and promoting wellbeing and this is explicitly reflected in the organisation's mission statement /guiding principles as well as in strategic documents. There is expertise and commitment at all levels within the organisation. The organisation is care act compliant able to evidence how it is implementing the aims of the organisation board's safeguarding strategy.

This commitment is reflected in the level of participation of the organisation in actively supporting the SAB in taking actions in the context of its business plan.

There is an organisational culture such that all staff is aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled.

A2	<p>The Trust has a safeguarding committee that reports to the Quality Committee of the Trust Board. Safeguarding is reported in the Trusts annual report. Actions from London's 32 boards are considered at safeguarding committee. Have Executive lead as well as senior local area safeguarding leads.</p>		<p>The Trust has Safeguarding Adult Policy and Action Plan. As well as a Mental Health Action Plan. These are monitored regularly at appropriate committees. Safeguarding provides quarterly report to Clinical Quality, Safety and Effectiveness Committee. Head of Safeguarding also provides updates for Trust board.</p>	<p>Develop a 3-5 year safeguarding strategic plan.</p> <p>Appoint Safeguarding Adult advisor.</p>	June 2016
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*A3 There is demonstrable commitment at the Internal Board level (or equivalent) to Safeguarding Adults. This includes senior management representation on the SAB (*Board members need to be sufficiently senior to commit resources and make strategic decisions*) as well as demonstrable commitment to participation in any Serious Adult Review (SAR) undertaken by the Board. Governance arrangements make relevant connections to support identification of organisational concerns relevant to safeguarding (such as complaints and serious incident reviews). The Service has a system for reviewing alerts and referrals which is integrated with complaints and serious incidents reporting process and policy. The organisation recognises safeguarding as integral to quality and best practice and the relevant connections are made at all levels between related issues such as dignity in care; equality; balancing choice and safety. Relevant connections are made across a range of reviews (Child Serious Case Review; Domestic Homicide Review).

A3	<p>Trust has Safeguarding Committee chaired by a director which provides reports to the Clinical Quality, Safety and Effectiveness committee for Governance. Quality Governance Assurance Managers (QGAM) are local senior managers who represent the LAS at board meetings and overseas safeguarding activity in their area.</p> <p>The Trust provides information to 9 MARACS across London and attends strategy meetings and Safeguarding Adult Reviews (SAR's) when requested.</p> <p>The Trust uses Datix to record safeguarding enquires and this is integrated with complaints and serious incidents.</p>		<p>Alerts/referrals numbers are reviewed by the Safeguarding Committee. Annual Safeguarding report for 2014-2015 presented at Trust Board and published on website.</p> <p>A snapshot audit on implementation of the Care Act 2014 changes has been undertaken .Safeguarding activity reported within the quality dashboard that is presented at each Trust Board meeting</p> <p>KPMG undertook internal audit of safeguarding in 2015</p> <p>Feedback from safeguarding boards via QGAM to head any escalation taken to safeguarding committee.</p> <p>LAS concerns raised with safeguarding chairs</p> <p>Serious incidents are reported directly to Board</p>	Secure resources to support MARAC's and local engagement	
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*A4 The Organisation has identified a senior staff member to undertake the role of Prevent Lead meeting the competencies as outlined in the NHS England Prevent Training and Competencies Framework. The Prevent Lead will also take a lead role in ensuring the organisation has a Prevent Delivery Plan and Prevent Policy and Procedure to ensure the organisation champions Prevent, its links to safeguarding and meets its Statutory Duty as per the Prevent Duty 2015.					
A4	Kevin Bate (KB) Deputy Director of Operations Central Operations is executive lead for Prevent Alan Palmer (AP) is operational lead		Leads agreed by Trust Directors. Prevent leads provides regular update to safeguarding committee	<ul style="list-style-type: none"> Prevent Delivery Plan Prevent Policy and Procedures To be developed by AP & KB	February 2015
*A5 The organisation evidences candour and openness internally and in its relationship to the SAB. It evidences that it shares learning with partner organisations and internally (as appropriate), that it is transparent about its mistakes when they occur and understand the importance of being open and transparent. It identifies challenges to this open culture and puts plans in place to addresses these (<i>Identify, in the comments/evidence sections, those challenges and how you intend to address these</i>)					
A5	The Trust has a duty of candour champion. We share all learning internally via bulletins and in our annual refresher training. Ambulance specific learning is shared with the National Ambulance Safeguarding Group. Local learning is shared with individual boards. Any actions from SCR or SAR's is feedback to the relevant board.		<i>Trust has a duty of candour policy. Safeguarding Officer collates information from incidents for consideration and learning. SI group reviews serious concerns involving children and vulnerable patients and staff treatment concerns.</i>		
*A6 The organisation ensures high quality legal advice is made available to staff on both safeguarding adults and the Mental Capacity Act/DoLs including making available to managers and staff regular updates from the Court of Protection. For some organisations a MCA designated lead will be desirable/ required (see for example Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHSE, July 2015 para 4.2.5 in respect of CCGs)					
A6	The Trust has a legal department Who staff can approach for support/guidance in		Legal advice is available via the Trusts legal department		

	<p>relation to any queries about staff involvement at an inquest or other civil court hearing.</p> <p>.</p>		<p>on safeguarding adults and MCA..</p> <p>Staff have access to Trust MCA lead who is a Consultant Paramedic. Staff have access to the Head of Safeguarding as well as local managers for safeguarding concerns.</p> <p>Prior to court attendance meetings may be arranged with staff and managers. Managers support staff as part of witness support arrangements</p>		
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¹ Including: Care and Support Statutory Guidance, DH, Oct 2014; Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHSE, 2 July 2015

SECTION B: THE ORGANISATION'S RESPONSIBILITIES TOWARDS ADULTS AT RISK ARE CLEAR FOR ALL STAFF AND FOR COMMISSIONED SERVICES

The boxes within each section can be expanded to facilitate an answer however comprehensive or detailed it may be.

	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure compliance and by whom	Progress or date completed
<p>*B1 Organisational policies make reference to Safeguarding Adults and the MCA and Prevent. There are specific organisational policies and procedures in place reflecting your organisation's responsibility to safeguard <i>and promote the wellbeing</i> of adults at risk (linking safeguarding adults with the well-being principle, Care Act, section 1). These procedures reflect and cross refer to the Care and Support Statutory Guidance and Pan London Policy and Procedures including the core principles set out in 14.13 of the statutory guidance. They demonstrate that the principles of the MCA are central in safeguarding adults. They include clear lines of accountability, from an individual employee up to the most senior person in your organisation. They include reference to the importance of keeping accurate records as well as guidance to support staff in this. This in turn links in to the organisation's policy on sharing information.</p>					
B1	<p>Safeguarding policy in place and Care Act compliant having been rewritten this year.</p> <p>Flow chart issued showing staff responsibilities and clear lines of accountability.</p> <p>MCA included in policies also all staff issued with a pen that has a MCA flow chart attached.</p>		<p>Policy reviewed and approved by Senior Management Team</p> <p>States importance of information sharing but not linked to Trust policy of information sharing. Policy cross referenced to Pan London policy and procedures.</p> <p>Trust policies on Safeguarding Adults Allegations against staff Domestic Abuse</p>	<p>Consider link to Trust information sharing policy in next review.</p>	

*B2 Organisational policies and procedures relevant to Information technology, information governance and HR consider the risk of staff members and services users being radicalised and the impact on access to computer equipment and the internet, access to patient records, working with vulnerable service users and engaging with other vulnerable services users.					
B2	Trust has bespoke individual log on for all staff, no public access allowed. Certain internet sites are blocked. Access to patient records is restricted		<i>IT & IG policy and procedures in place along with HR and security policies which are regularly reviewed.</i>		
*B3 Where services are sub-commissioned, agreements reflect the requirement between commissioners and providers to have regard to the need to safeguard, and promote the wellbeing of people who use services. Invitations to tender, contracts and contract monitoring reflect this and reflect relevant standards and regulations. There are explicit clauses that hold providers to account for preventing and dealing promptly and appropriately with abuse and neglect.					
B3	The Trust uses Private Providers and has a manager that oversees the contracts and standards of practice. The Trust also has a manager that oversees voluntary responders and ambulances services(i.e. St John)		Both managers review providers records to ensure the correct standard of safeguarding training and recruitment processes are in accordance with legislation. Training figures are reported monthly to the safeguarding committee. Spot checks are undertaken on training records to ensure compliance. Voluntary responders are directly trained in safeguarding by LAS trainers. Safer recruitment checks are fully undertaken before	Review cleaner and Fleet contracts and arrangements to ensure that staff has level one safeguarding.	

			deployment of staff. All services working on our behalf us our referral processes and flowcharts.		
*B4 All commissioned services have contracts which require that services can demonstrate that the Mental Capacity Act is complied with, including the use of deprivation of liberties (DoLs). Examples of how the application of the Mental Capacity Act is monitored and how contract monitoring addresses. Are findings shared with the Safeguarding Board? There is a strong advocate within the organisation for the MCA/DoLs who ensures an emphasis on empowerment, autonomy as well as safety including the promotion of Advanced Decision Making					
B4	Private Ambulance Services access our information and training in relation to the Mental Capacity Act. DoL's is not relevant for ambulance private providers Trust has MCA Trust Lead who provides advice and support to the LAS Safeguarding Board.		<i>All private providers deliver an induction package which includes MCA refresher training, using content identical to that delivered to core LAS staff through the CSR scheme.</i> <i>All private providers use the LAS documentation for assessing and recording capacity (LA5) and have access 24 hours a day to on-call and on-scene advice from a senior clinician (through CHUB/EBS)</i>	Discuss with MCA lead and Private Provider Manager current arrangements and any actions required.	April 2016
*B5 All NHS commissioned services are adhering to the NHS standard contract under service conditions 32 in relation to Prevent. For					

<p>example an identified lead, training, and Channel Panel representation, where appropriate.</p> <p>Do relevant organisations/sectors identified under the Counter Terrorism and Security Act 2015 engage with Counter Terrorism Local Plans, including the duty on all local authority and public bodies to have due regard to the need to prevent people from being drawn into extremism or acts of Terrorism.</p>					
B5	<p>Currently volunteers and contracted staff do not undertake Prevent training. Plan currently being developed to introduce this.</p> <p>LAS clinical staff received face to face training in Prevent this year. Induction programme to include Prevent for all new staff from next year.</p>		<p><i>Trust plan to ensure rollout for Prevent training across 2016/17, delivered at local level by each contracted provider. Added as contractual requirement from June 2016 onwards.</i></p>	<p>Private Provider Manager, Prevent Lead and Safeguarding Lead to meet to agree how this can be achieved.</p>	<p>April 2016</p>
<p>*B6 The organisation takes a broad view of what constitutes abuse and evidences learning and engagement with concerns/issues established as being included under the safeguarding remit in the Care and Support statutory guidance including: domestic violence; modern slavery; self-neglect. This is reflected in the organisation's policy. The organisation also demonstrates that it takes steps to prevent abuse and neglect taking place.</p>					
B6	<p>Trusts has good process for managing concerns about safeguarding that includes welfare/care concerns. Training is annual and includes domestic abuse, human trafficking, self neglect, hoarding etc</p>		<p><i>Policies in place. Annual report details all safeguarding activity. Varied annual safeguarding training covers different topics to raise awareness. Safeguarding referrals and training figures are reported Monthly to commissioners in the Quality Report.</i></p>		

SECTION C: THE ORGANISATION'S APPROACH TO WORKFORCE ISSUES REFLECTS A COMMITMENT TO SAFEGUARDING AND PROMOTING THE WELLBEING OF ADULTS AT RISK

The boxes within each section can be expanded to facilitate an answer however comprehensive or detailed it may be.

	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure compliance and by whom	Progress or date completed
	*C1 Your organisation has robust and safe recruitment procedures and practices in line with guidance from the Adult Safeguarding Board, Saville Recommendations and / or respected sources such as Skills for Care. This includes: policies on when to undertake checks and the level required with the Disclosure and Barring Service; the responsibility for all staff in relation to safeguarding, and promoting wellbeing is stated within all job descriptions; professional standards in relation to safeguarding are underlined; induction standards include the need to ensure new staff are made aware of their responsibilities to Safeguard Adults at Risk and promote wellbeing.				
C1	<p>Trust has safer recruitment policies and undertakes all DBS checks prior to staff working for Trust.</p> <p>Safeguarding policy and allegations against staff policy details when DBS or Professional bodies should be informed.</p> <p>Safeguarding included on face to face induction programme for all new staff.</p>		<p><i>Safeguarding policies</i></p> <p><i>Allegations against staff policy</i></p> <p><i>Flow chart for managers on allegations against staff..</i></p>	Trust Board to decide if Trust to undertake 3 yearly DBS checks should be undertaken on staff.	April 2016

*C2 The organisation's staff supervision policy supports effective safeguarding. It recognises that skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work.

- Your organisation has a policy that sets out the frequency that employees in contact with adults at risk receive regular supervision and an appraisal.
All staff has regular reviews of practice to ensure they improve over time and are competent to carry out their safeguarding responsibilities.
- Discussion on safeguarding issues is specifically facilitated in supervision so that staff feels able to raise concerns and are supported in their safeguarding role.

C2	<p>Trust currently does not have capacity to provide safeguarding supervision.</p> <p>Have applied to NHSE for funding project to review safeguarding supervision requirements for ambulance staff.</p> <p>Bid submitted to EMT for additional resources</p>		<p>Trust provides review of practice via Team Leader ride outs this is not yet fully embedded.</p>	<p>To secure resources and funding to enable Trust to provide safeguarding supervision.</p>	
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*C3 All staff working with adults at risk should receive training appropriate to their role to ensure competence to meet the needs of adults at risk of harm and to respond to safeguarding concerns. It is the responsibility of each organisation to train its own staff. Requirements are set out in the Care and Support Statutory Guidance, which highlights the importance of training at all levels within the organisation and that this must be updated regularly to reflect best practice. This will include training on the MCA/DoLS, as well as (where relevant) Prevent. Training will also embrace links with domestic violence and safeguarding children and equality and diversity issues. A framework to assess competency in Safeguarding and the MCA is integrated into existing supervision and appraisal systems.

C3	<p>Trust delivers training on core courses and within core skills refresher courses. This includes Safeguarding, mental health, equality and diversity. Prevent training is currently being</p>		<p>Training attendance figure reviewed at safeguarding committee and on balanced score card. Trust now able to say who has been trained</p>	<p>Introduce Prevent strategy</p>	
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	<p>delivered to all clinical staff.</p> <p>All clinical staff issued with safeguarding pocket book and pull out pen on MCA and Care Act.</p>		<p>and figures are accurate from Oct 2013. The Trust does not have a framework to assess competency for MCA integrated to existing supervision and appraisal systems</p> <p>Safeguarding Conference held in May for 100+ staff. Safeguarding pocket book issued to all trust staff.</p>	<p>JL to meet with OD to include something in new appraisal system.</p>	<p>Apr 2016</p>
<p>*C4 Your organisation has written guidance & procedures for handling complaints and allegations against staff and this is clearly accessible to staff. This includes a whistle-blowing policy and a culture that supports staff in raising concerns regarding safeguarding issues. It includes appropriate referral to the Disclosure and Barring Service and Disclosure and Barring updates Your organisation has a code of conduct for staff working directly with adults at risk, concerning acceptable and unacceptable behaviour including discrimination and bullying.</p>					
C4	<p>LAS have an allegations against staff policy which was approved in May 2015 disciplinary policy, we also have vision and values, job descriptions includes whistleblowing. LAS does not have a code of conduct but the HCPC does for paramedics.</p> <p>Currently considering allegations against staff policy.</p>		<p>Policy published on Pulse. Allegations against staff reported to LADO & SAM notified to safeguarding committee and included in our annual report.</p>		

*C5 Your organisation has identified in Prevent Policies and Procedures the process and procedure for managing Prevent concerns raised in relation to staff. Identifying how support for the staff member will be balanced with managing risks to patients and service users both during and following investigations.				
C5	Prevent policy and procedures to be developed including concerns relating to staff. Trust has a Safeguarding Allegations Against Staff Policy.		Develop Prevent policies and Procedures, including detailing supporting staff To be developed by KB and AP	December 2015
*C6 Your organisation takes steps to ensure that information is obtained from staff about their experience of working in the service, including the practice of exit interviews. This information is used by the organisation to make improvements. (<i>Note down in the comments/evidence section key messages and improvements arising from this</i>)				
C6	Exit interviews are undertaken and information presented to EMT/Trust Board.		<i>EMT/Trust Board, consider finding from exit interviews and make improvements when identified. This has been a high priority for the Trust this year due to the high number of staff leaving the Trust. Trust has an action plan to make LAS a better place to work.</i>	

*C7 Opportunities for reflective practice enable staff to work confidently and competently with difficult and sensitive situations					
C7	Staff Action Plan used as a reflective practice tool to evidence learning from incidents. Staff also have access to Linc and counsellors and the Safeguarding Team to discuss concerns confidently. Paramedics routinely use reflective practice.		Safeguarding Adult policy has appendix with staff action plan attached.	Trust needs to develop safeguarding supervision to enable staff to reflect more on safeguarding practice.	

SECTION D: EFFECTIVE INTER-AGENCY WORKING TO SAFEGUARD AND PROMOTE THE WELLBEING OF ADULTS AT RISK

The boxes within each section can be expanded to facilitate an answer however comprehensive or detailed it may be.

D	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure compliance and by whom	Progress or date completed
<p>*D1 Your organisation is represented at the SAB and/or its sub-groups. Frequency and participation during attendance at SAB meetings and subgroup meetings is noted. The SAB representative reports back to the right level in the organisation ensuring that the broader organisation engages with the partnership and its objectives. .</p>					
D1	<p>Trust engages with all 32 Adult boards or sub groups.</p> <p>Operates a hub and spoke approach with Quality Governance Assurance Managers (QGAM) leading on safeguarding in their areas.</p>		<p>Minutes note attendance and feedback from meetings provided to Head of Safeguarding for Trust learning. Assistant Director of Operations attends safeguarding committee. 480 external safeguarding meetings recorded as attended in 2014 Also engaged with 9 MARACS. 2 way communication with boards between QGAM and board and Head to chairs.</p>		
<p>*D2 The organisation evidences its engagement and transparency with the partnership in safeguarding adults: in appropriately complying with the Pan London Policies and Procedures in recognising and reporting adult safeguarding concerns. It engages appropriately in multiagency efforts to prevent and intervene in safeguarding concerns as (attendance at strategy meetings/case conferences and finding effective outcomes);</p>					
D2	<p>Trust engages with all 32 Adult boards or sub groups. Attends Strategy meetings etc.</p>		<p>Local leads engaged with strategy meetings mostly arranged through safeguarding officer.</p>		

			Internal action plan includes items from reports and serious case reviews. Referral rates continue circ 1800 per month including welfare concerns. Audit of local involvement undertaken for 2013-14.		
*D3 The organisation evidences that action plans from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) nationally and locally drive improvement internally and across the partnership. There is evidence that internal action plans/learning (e.g. from Serious Incidents, SARs, DHRs and complaints) are shared with the Board to facilitate learning across the partnership. This will include triangulation of data that will inform decision making.					
D3	All SI recorded on action plans Attends a number of local DHR's Serious Case Review findings included in Trusts Safeguarding action plans		Safeguarding board minutes evidence discussion and learning. Also SI minutes shared	Resilience with Safeguarding team is an issue to meet timely requests.	
*D4 Good information sharing is at the heart of good safeguarding practice. This area is covered by legislation, principally the Data Protection Act 1998. Your organisation has policy/ procedure/guidance setting out clearly the process and principles relating to sharing information across agencies and this is consistent with the legislation. The protocol is in accordance with the Pan London Safeguarding Procedures and the Care and Support statutory guidance. It takes account of available protocols/guidance including: the local SAB information sharing agreement; the Pan London Multiagency sharing information protocol; the SCIE guidance on information sharing and the seven principles on information sharing set out in Working Together to Safeguard Children. All relevant staff is trained in applying this including in the context of Safeguarding Adults. Local and national learning from serious case reviews informs learning about the principles to be applied					
D4	Safeguarding Policies have references to information sharing. TP29 Records management and information lifecycle policy 2011 details information sharing.		<i>Trust has a number of local information sharing agreements</i>	Develop information sharing agreements following publication of Pan London Procedures Jan 2016	April 2016

	<p>Section 11 details Disclosure of information to a third party in relation to Child Protection and safeguarding</p> <p>Staff safeguarding training includes information sharing.</p> <p>Working with MET on new pan London information sharing agreement that all agencies can sign.</p> <p>LAS has provided scrutiny to new London Safeguarding Adult Policy</p>				
<p>*D5 Your organisation can demonstrate active engagement with raising alerts and multi agency partnership working for Prevent, including supporting the Channel process and Prevent strategy groups to ensure individuals are supported and local issues and risks are addressed.</p>					
D5	<p>Clinical staff all received Prevent training in Q3 2015.Prevent awareness on induction for all staff.</p> <p>To date no Prevent Referrals have been made.</p>		<p><i>Process is for any PREVENT referrals to be sent to the local authority for consideration the same route is used as for safeguarding and welfare concerns.</i></p> <p><i>Prevent lead attends NHSE prevent leads group to ensure best practice is maintained.</i></p>		

*D6	Your organisation has a focus on the need for preventing abuse and neglect. Measures are in place to minimise the circumstances which make adults vulnerable to abuse. Your organisation works together with other partners to implement quality assurance, robust risk identification and risk management processes in order to prevent concerns escalating to a point where intervention is required under safeguarding adults procedures. This includes commissioners working together to assure themselves of the quality and safety of the organisations they place contracts with.				
D6	Trust raises welfare and care concerns with local authority so action can be taken before someone becomes abused or neglected.		Trust attended 480 external safeguarding meetings with partner agencies during 2014. Including board meeting, SCR, SAR, strategy meeting, frequent callers, MARACs, DHR Trust undertook audit of safeguarding practice June 2015	Implement actions from internal audit.	December 2015

SECTION E: ADDRESSING ISSUES OF DIVERSITY

The boxes within each section can be expanded to facilitate an answer however comprehensive or detailed it may be.

E	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure compliance and by whom	Progress or date completed
*E1 Your organisation delivers in accordance the public sector Equality Duty. This is used to inform safeguarding strategy, including taking measures to promote equality and reduce inequalities in access to and outcomes from services.					
E1	Equality and Protected Characteristics information collected for safeguarding concerns.		Data reviewed at Safeguarding Committee September 2015. Head of Safeguarding attends Trust Equality and Diversity Committee.	EBS Manager to progress suggestions from Equality and Diversity Manager	April 2016
*E2 Your organisation considers Prevent in your quality and diversity plan, with the aim of engaging with patients/services, members of the public and staff to support them and their own individual circumstances, including gender, age, disability, faith, sexuality, language and ethnicity, thus reducing the risk of alienation from British values.					
E2	The Trust has an equality and diversity plan. Trust safeguarding committee reviews referrals in relation to protected characteristics			Prevent Lead and Equality Manager to consider actions required	April 2016

SECTION F: THE SERVICE CAN DEMONSTRATE THAT PEOPLE WHO USE SERVICES ARE INFORMED ABOUT SAFEGUARDING ADULTS AND EMPOWERED WITHIN THE ORGANISATION'S RESPONSES TO IT

F	Discussion points/comments	RAG Rating	Evidence to support RAG rating	Additional Action to ensure compliance and by whom	Progress or date completed
*F1 The principle of Making Safeguarding Personal is at the heart of the organisation's practice. Person-led and outcome-focused practice in safeguarding is demonstrated. Give examples of how this is demonstrated and the difference it makes.					
F1	Staff ask when raising a safeguarding concern what outcome the patient would like and this is included in the concern to the local authority		<i>Included in all concerns raised where adult has consented</i>		
*F2 The organisation demonstrates a clear working understanding and evidenced competence in applying the Mental Capacity Act and of the core principles within it.					
F2	Staff have had face to face MCA training. Trust Consultant Paramedic is named lead for MCA		<i>Capacity assessments undertaken when required. Staff issued with pens with MCA flow chart to follow.</i>		
*F3 Your organisation has written information available to adults at risk and their families about safeguarding adults including who to contact if they are concerned about an Adult at Risk. Arrangements are in place to support those for whom English is not their first language. Information is provided in a range of formats and languages.					
F3	<i>Website contains information on abuse and neglect and how to report.</i>		<i>Have easy read materials on abuse and neglect. Also staff have a communication pocket book to use with patient who may have difficulty communicating..</i>		

*F4 Your organisation supports individuals to access their right to an independent advocate <i>where an adult has substantial difficulty in being involved in the safeguarding process</i> and they have no suitable representation or support. (Care and support statutory guidance 14.43)					
	Not applicable for ambulance Trusts		<i>Example, data that shows number of referrals for an advocate</i>		
*F5 Your organisation takes steps to ensure that information is obtained from individuals who use your service about what outcomes they wish from the safeguarding process and whether they have received this. Their experience is recorded and the organisation learns from it. Individuals who use services and their carers/families also influence and inform more broadly the development of the organisation's strategic approach to safeguarding and related agendas. <i>(Note down in the comments/evidence section key messages arising from engagement with service users, families, carers, public)</i>					
F5	Staff ask when raising a safeguarding concern what outcome the patient would like and this is included in the concern to the local authority		Included in all concerns raised where adult has consented.	To undertake an audit of outcomes patients request.	
*F6 There is a strong patient/service user outcome focus within the organisation's quality assurance process and its practice.					
F6	Not applicable for Ambulance Trusts Patient complaints and safeguarding concerns are quality assured to ensure lessons are learnt from incidents		<i>Example, local safeguarding strategy.</i>		