



# Safeguarding Annual Report



2015-16

Care | Clinical Excellence | Commitment



## 1.0 Introduction and background

- 1.1 The London Ambulance Service NHS Trust (LAS) has a duty to ensure the safeguarding of vulnerable persons remains a focal point within the organisation and the Trust is committed to ensuring all persons within London are protected at all times.
- 1.2 This report provides evidence of LAS commitment to effective safeguarding measures, which is evident by the work and progress made in the LAS during 2015-2016.
- 1.3 It is a statutory requirement to present an Annual Report to the Trust Board showing how the Trust has met their safeguarding responsibilities in line with Working Together to Safeguard Children (H.M. Government 2015).
- 1.4 The report will include the current position regarding the work being undertaken and will detail the organisational responses to changes in safeguarding matters.
- 1.5 The Trust has a commitment and a duty to safeguard adults at risk as stipulated in Outcome 7 of the Care Quality Commission Regulations. To achieve this goal the organisation has to ensure robust systems and policies are in place and are followed consistently, to provide training and supervision to enable staff to recognise and report incidents of adult abuse, to provide expert advice and to reduce the risks to vulnerable adults at risk of being abused.
- 1.6 The Care Act 2014 safeguarding element commenced in April 2015 provides a statutory requirement for health providers to protect adults with care and support needs from abuse and neglect. The Care Act places adult safeguarding on a statutory footing and puts new legal duties on agencies to work more closely together and share information. "There must be sufficient support, specialist expertise, independent advocacy and access to criminal justice within each area".
- 1.7 The NHS England document Safeguarding Vulnerable People in the NHS- Accountability and Assurance Framework published in July 2015 provides details of the governance and assurance requirements and also recommends levels for resources and responsibilities for safeguarding.
- 1.8 The Counter Terrorism and Security Bill received Royal Assent on Thursday 12th February 2015. The Channel duty, placing Channel on a legislative footing as part of the Act, came into force on 12th April 2016. It ensures all health Trusts "have due regard, in the exercise of its functions, to prevent people from being drawn into terrorism", i.e. strengthening the existing NHS Contract Prevent agenda to a statutory duty.



1.9 High media focus ensures that health trusts must constantly strive to adhere to recent enquiry recommendations such as Savile, Rotherham, as well as new themed focuses, such as Child Sexual Exploitation, Female Genital Mutilation and Managing Allegations against Staff.

## **2.0 Multi agency working**

2.1 The Trust is committed to partnership working in relation to safeguarding.

2.2 The Trust introduced a new operational model from September 2015 which has resulted in clear roles and responsibilities for safeguarding at a sector level, increasing representation at Local Authority Safeguarding Board meetings.

2.3 The Trust continues to endeavour to attend short notice meetings but LAS will continue to keep the number of meetings not attended to a minimum.



2.4 The chart below shows the level of engagement at a local level

Year to date LAS Local Complex partnership engagement 2015-16										
Areas and Safeguarding boards	safeguarding children board	safeguarding Adult board	Sub group meetings	Multi agency safeguarding hub (MASH) Multi agency risk assessment conference (MARAC)	Rapid response meetings	Domestic homicide reviews	Serious case reviews	other safeguarding meetings	Attended-Totals	Not Attended Totals
<b>West</b>										
Three boroughs (West,Ham & Ful , Ken &Ch)	3	1	0	0	4	0	0	7	15	3
Ealing	1	0	0	0	1	0	0	2	4	4
Hounslow	0	0	0	0	1	0	0	2	3	4
<b>Totals</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>22</b>	<b>11</b>
<b>North West</b>										
Brent	0	3	0	0	7	0	0	1	11	4
Hillingdon	1	0	0	0	1	4	0	1	7	4
Harrow	0	2	0	1	4	1	3	12	23	7
<b>Totals</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>12</b>	<b>5</b>	<b>3</b>	<b>14</b>	<b>41</b>	<b>15</b>
<b>North Central</b>										
Camden	0	0	0	0	0	0	2	0	2	1
Enfield	2	3	0	0	7	0	0	9	21	4
Haringey	3	0	0	0	8	0	0	4	15	6
Barnet	4	3	5	3	3	0	0	1	19	1
Islington	0	0	0	0	2	0	0	1	3	1
<b>Totals</b>	<b>9</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>20</b>	<b>0</b>	<b>2</b>	<b>15</b>	<b>60</b>	<b>13</b>
<b>East Central</b>										
Hackney	1	1	0	0	3	0	6	2	13	7
Newham	1	1	0	0	3	0	0	4	9	2
Tower Hamlets	0	3	0	0	0	0	0	1	4	1
Waltham Forest	0	1	0	0	1	0	0	2	4	0
<b>Totals</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>6</b>	<b>9</b>	<b>30</b>	<b>10</b>
<b>North East</b>										
Barking & Dagenham	2	0	0	0	3	0	1	1	7	1
Havering	0	0	0	0	1	0	1	0	2	4
Redbridge	0	0	2	0	2	0	0	3	7	10
<b>Totals</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>16</b>	<b>15</b>
<b>South East</b>										
Bexley	0	0	2	4	3	0	0	6	15	5
Bromley	0	4	1	0	1	0	0	2	8	3
Lambeth	0	3	0	0	1	0	0	5	9	6
Lewisham	0	0	0	0	8	0	0	1	9	4
Southwark	0	0	0	0	0	0	1	1	2	2
Greenwich	0	2	0	2	2	0	0	2	8	3
<b>Totals</b>	<b>0</b>	<b>9</b>	<b>3</b>	<b>6</b>	<b>15</b>	<b>0</b>	<b>1</b>	<b>17</b>	<b>51</b>	<b>23</b>
<b>South West</b>										
Croydon	3	3	2	0	5	0	3	22	38	4
Kingston	6	4	3	0	2	0	0	4	19	1
Richmond	4	1	0	0	2	0	0	5	12	2
Merton	1	1	0	0	1	0	0	1	4	1
Sutton	0	2	0	0	5	0	0	5	12	2
Wandsworth	1	0	0	0	0	0	0	2	3	1
<b>Totals</b>	<b>15</b>	<b>11</b>	<b>5</b>	<b>0</b>	<b>15</b>	<b>0</b>	<b>3</b>	<b>39</b>	<b>88</b>	<b>11</b>
<b>LAS Totals</b>	<b>33</b>	<b>38</b>	<b>15</b>	<b>10</b>	<b>81</b>	<b>5</b>	<b>17</b>	<b>109</b>	<b>308</b>	<b>98</b>

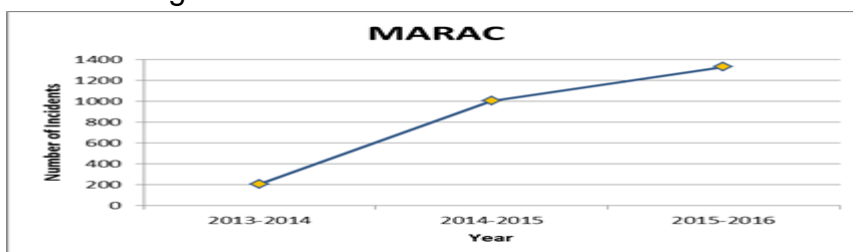


### Multi-Agency Risk Assessment Conferences (MARAC) and Multi Agency Safeguarding Hub (MASH)

- 2.5 MARACs are meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a risk focused MARAC, a coordinated safety plan can be drawn up to support the victim. Over 260 MARACs are operating across England, Wales and Northern Ireland managing over 55,000 cases a year.
- 2.6 The Trust has had limited representation at MARACs this year (due to manager availability and boroughs not engaging), the Trust provides documentation for six boroughs. The Trust is obligated to share the information it holds in a similar way to undertaking an Independent Management Review.
- 2.7 MASHs bring together agencies (and their information) in order to identify risks to children and adults at the earliest possible point and respond with the most effective interventions. This will in turn ensure timely and necessary interventions, improving the outcomes for vulnerable children and adults. We provide information to MASHs across London when requested.
- 2.8 The number of MASH information requests for 2015-16 was 69.

### Multi Agency Risk Assessment Conference (MARAC)

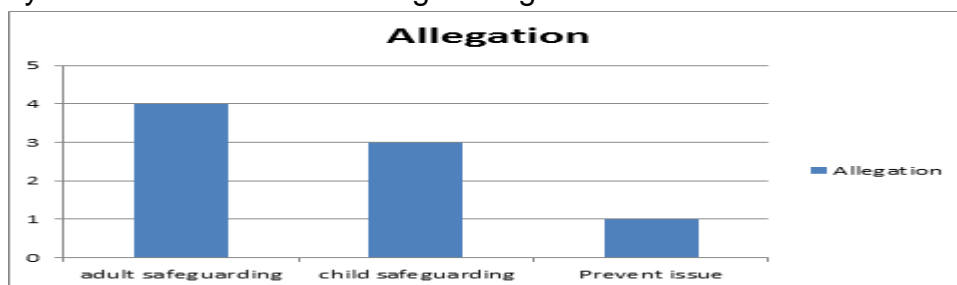
- 2.9 The information provided to the MARAC from the LAS is often key because we gain access to homes where other agencies are often unable to. Individual MARAC cases for this year were 1332 (see chart below for comparison).
- 2.10 Due to the heavy administrative burden the Trust has only been able to support these MARAC's by assistance of sector level staff on restricted duty.
- 2.11 Below shows the number of incidents the LAS have provided information on to the 6 boroughs.





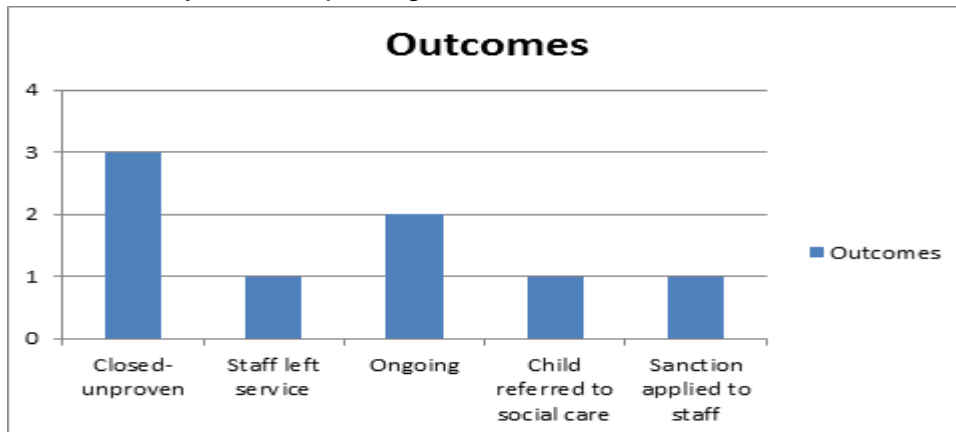
### 3.0 Governance arrangements

- 3.1 The Director of Nursing and Quality is the accountable Executive Director for safeguarding within the Trust.
- 3.2 The Head of Safeguarding provides a safeguarding report to the Clinical Safety and Standards Committee (CSSC) meeting, detailing progress against Serious Case Review (SCR) action plans, legislation and Trust safeguarding activity.
- 3.3 The CSSC is the Trust Board assurance group of the Safeguarding Service.
- 3.4 The Trust has a Safeguarding Committee that meets every 6 weeks and is authorised by CSSC to ensure effective and high quality safeguarding practice within the Trust.
- 3.5 The Trust has a safeguarding action plan which is reviewed by the Safeguarding Committee (See appendix one).
- 3.6 The Trust completed the Safeguarding Adult Risk Audit Tool (SARAT) in Jan 2016 and identified actions which are included in the Adult Action Plan.
- 3.7 The Trust completed the Section 11 child self-assessment tool in February 2016 and identified actions which are included in the Children Action Plan.
- 3.8 The Trust has undertaken and led on the following audit during this financial year, Child Mental Health Safeguarding Audit: Self-Harm Referrals –quarter 1 2015
- 3.9 The Trust has a current Safeguarding Children Declaration which is published on the website, and confirms the Trusts commitment to care for patients, including children in a safe, secure and caring environment. The declaration details the arrangements that are in place to safeguard children.
- 3.10 The Trust has an obligation to inform the Local Authority Designated Officer of concerns or allegations regarding Trust staff in relation to children, and the Safeguarding Adult Manager when the concern relates to adults. This has occurred on 8 occasions during 2015-2016.
- 3.11 The chart below shows the reasons for the notification. Allegations made during the year that were not of a safeguarding nature are not included in these figures.





3.12 There are a range of outcomes to allegations that can be seen in the chart below. This is the first year of capturing this data.



- 3.13 There have been no referrals to Disclosure and Barring Service as a result of safeguarding.
- 3.14 120 child deaths were sent for Serious Incident (SI) consideration, 2 were declared:
- 3.15 Incident 1. Quality Assurance analysis showed the original 999 call was not handled correctly. There were 2 recommendations for the Trust.
- 3.16 Incident 2. Quality Assurance analysis showed that 2 x 999 calls were not handled correctly. There were 3 recommendations for the Trust.
- 3.17 There were no safeguarding recommendations.
- 3.18 8 adult cases were sent for SI consideration in line with best practice, 1 was declared:
- 3.19 Incident 1. Non conveyance incident following a fall. The serious incident investigation is on-going.
- 3.20 The Trust declared a SI for issues relating to DBS checks which remains under investigation.
- 3.21 The Safeguarding Committee has a risk register, which incorporates 2 corporate risks.
- 3.22 Corporate risk 426. The risk is, that the Trust is unable to meet the obligation of engagement with partner agencies within set timescales due to lack of capacity within the safeguarding team to manage the increased workload, notably MARAC requests for information. (see chart on page 5)
- 3.23 Corporate risk 343. The risk is staff not recognising safeguarding indicators and therefore failing to make a timely referral (See page 16 missed referrals).
- 3.24 Safeguarding risks are managed through the local safeguarding risk register the risk does not sufficiently score high enough to be considered a corporate risk.



- 3.25 Local risk no1, Due to our inability to link safeguarding referrals and identify previous referrals made to Social Services, this will impact on our ability to escalate any continued safeguarding concerns identified. This will also affect the Trusts reputation.
- 3.26 Mitigation of Risk 1, the Trust is developing Datix Web an IT data base system which will be introduced in Q1/Q2 2016 which will enable trust to highlight previous referrals.
- 3.27 Local risk no 2, "there is a risk that the Trust is unable to provide assurance to CQC and other agencies that it is compliant with safeguarding training requirements for clinical and non-clinical staff. This is linked to N0 355 on the Corporate Risk Register."
- 3.28 Mitigation of risk 2 forms part of the Quality Improvement Plan and a system will be introduced to capture all mandatory training figures.
- 3.29 Local risk no 3, there is a risk that the Trust is unable to meet statutory requirements of providing safeguarding supervision, by trained professionals. This will result in an impact on staff welfare and performance and the Trust will not be complaint with the Children and Adult Acts pertaining to safeguarding.
- 3.30 Mitigation of risk 3 appointing a safeguarding supervisor project manager to implement safeguarding supervision in the coming financial year.
- 3.31 Local risk no 4, the Trust is unable to provide assurance to DH that all staff have received the required PREVENT training. This is because there is limited training capacity for the number of WTE staff. This risk has now been passed to the Deputy Director of Operations as designated operational lead for PREVENT.

### **CQC Report- Safeguarding**

- 3.32 The Care Quality Commission (CQC) carried out a planned inspection of the Trust in June 2015 and their report was published at the end of November 2015. While it gave the organisation a "good" rating for the care of patients, it highlighted a number of areas of concern and judged the Service to be "inadequate" overall, and as a result the Trust were placed in "special measures".
- 3.33 The report stated frontline emergency and urgent care staff had a good understanding of what safeguarding concerns might be and all were clear about the process for reporting concerns.
- 3.34 Safeguarding areas for improvement included improving training for staff on Mental Capacity Act assessment. Ensure all staff understand and can explain what situations need to be reported as safeguarding. This mainly relates to Patient Transport Service (PTS) and Emergency Operations Centre (EOC) staff.





- 3.35 As a result of the inspection the Trust has developed a Quality Improvement Plan (QIP) and the safeguarding actions are contained within the QIP.

#### **Care Act 2014**

- 3.36 Section 14 of the Care Act 2014 provides the legislative requirements for all agencies in relation to safeguarding Adults.
- 3.37 The Act ensures safeguarding is personal to the individual. Which is person led and outcome focused ensuring patients are involved fully in safeguarding considerations.
- 3.38 The categories of safeguarding have increased to include self-neglect and domestic violence and under the categories recognises human trafficking and internet scamming and honour based violence.
- 3.39 What was previously a safeguarding referral for adults is now known as a safeguarding concern.
- 3.40 The Act came into force on 1st April 2015
- 3.41 The Trust have this year provided staff with a leaflet outlining the changes and also provided face to face safeguarding refresher training for all frontline staff.
- 3.42 As a result of the Care Act and changes to how the Trust responds to concerns around welfare and consent, the Trust expects to see the numbers of welfare concerns fall this year. The reason is staff have been empowering patients with welfare needs to contact social services directly.

#### **4.0 New policies procedure and guidance**

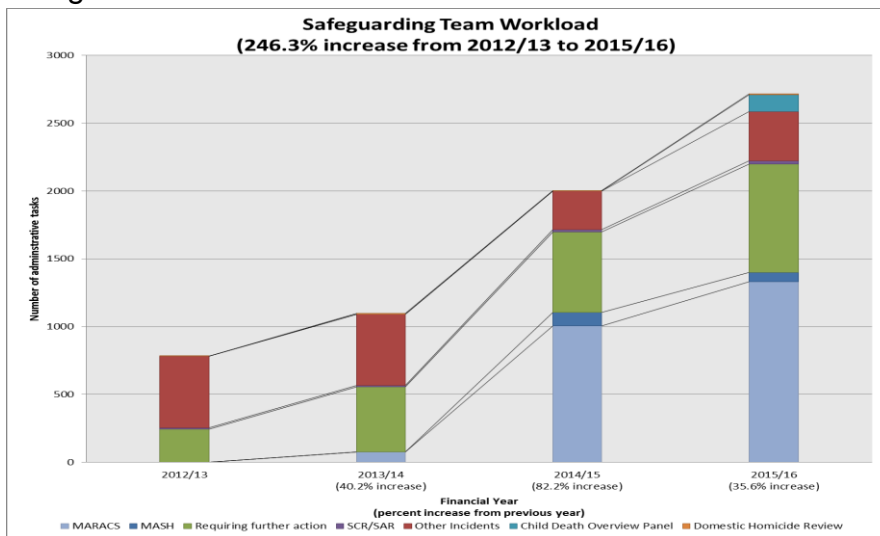
- 4.1 The Safeguarding Adult policy has been updated to comply with the Care Act.
- 4.2 The guidance for staff on mental health patients and safeguarding was reviewed and amended to provide greater clarity for staff on whether to refer to social services or mental health services.
- 4.3 The Trust has introduced a new HR policy for Managing Allegations against Staff. This was supported with training to all HR staff and senior operations managers in April 2015.
- 4.4 A flow chart on staff Safeguarding responsibilities within the Trust been published on the intra net, this shows responsibility throughout the Trust from Chief Executive and Trust Board to clinical and non-clinical staff.



- 4.5 Safeguarding updates have been produced throughout the year providing guidance on safeguarding and procedures and have been published on our internal intranet “the Pulse”..
- 4.6 The Trust implemented the NHS guidance on Female Genital Mutilation (FGM); this requires all staff to record on clinical records, evidence of FGM. In addition to reporting to police disclosure of FGM by children under 18years old. We also introduced guidance on when to make a safeguarding referral for an unborn child, child or adult at risk of FGM.
- 4.7 The Trust has agreed the appointment of two new Safeguarding Specialists who should be in post by July 2016. The Trust also has a PREVENT lead for the Trust and a Mental Capacity Act (MCA) Lead.
- 4.8 The Trust has reviewed and refreshed the Terms of Reference for the Safeguarding Committee, which ensures that there is effective and high quality safeguarding practice throughout the Trust.

## 5.0 Information sharing & Incidents

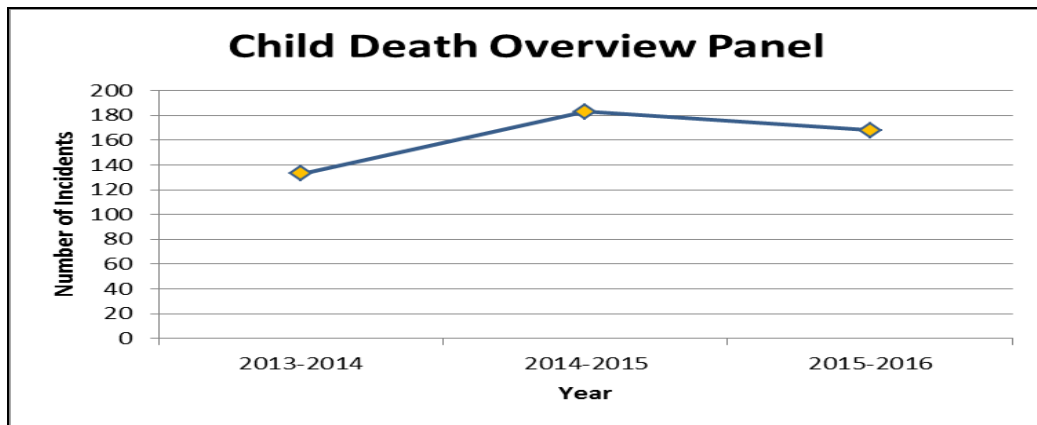
- 5.1 The Trust has a duty to share information to protect vulnerable patients. The chart below shows the safeguarding administrative function of the Trust.
- 5.2 The Trust has seen a year on year increase in overall activity.
- 5.3 This increase has been managed this year by recruiting staff on restricted duties to support the work of the Safeguarding Officer.
- 5.4 During the year the Trust has had to decline to provide information for meetings due to workload and team capacity. To improve this additional administration is being recruited.



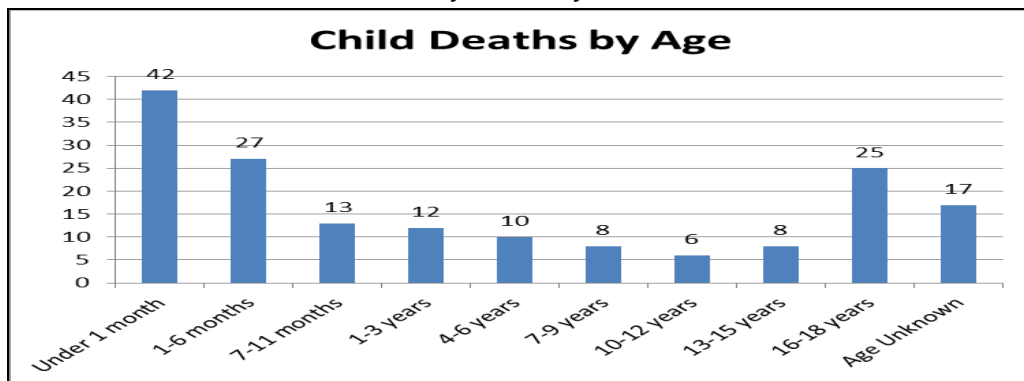


### Child Death Overview Panel (CDOP)

- 5.5 The Local Safeguarding Children Boards (LSCB) are responsible for ensuring that a review of each unexpected child death of a child normally resident in their area is undertaken by the CDOP.
- 5.6 The CDOP has a fixed core membership drawn from organisations represented on LSCB with flexibility to co-opt other relevant professionals to discuss certain types of death as and when appropriate (Working Together 2015).
- 5.7 The LAS have a duty to provide information to the CDOP on child deaths we have been involved with along with attending meetings when required.
- 5.8 The charts below show the numbers of child deaths we have provided information for over the past 3 years and the age of the children.
- 5.9



- 5.10 The Chart below shows the ages of the sudden child deaths investigated across London that the Trust contributed to. You will note the most common ages were under 6 months old or between 16yrs to 18yrs old.





### Children's Serious Case Reviews (SCR)

- 5.11 An SCR is undertaken when abuse or neglect of a child is known or suspected; and either, the child has died or the child has been seriously harmed and there is a cause for concern about partnership working. The prime purpose of a SCR is for agencies and individuals to learn lessons and improve practice.
- 5.12 There were 13 child cases in 2015/16 that the LAS were asked to provide a report for.
- 5.13 The chart below show the details of cases for 2015/2016 and learning identified.

Age/ Gender	Borough	Trends	Description	Lessons	Status
12YOF	Barnet	Suicide	Hanging	No LAS issues	Overview report never received
1YOF	Havering	Physical Child Abuse	Carer concerns	No LAS issues	Nothing for LAS due to limited contact
8MOF	Havering	Physical Child Abuse	Carer concerns	No LAS issues	Nothing for LAS due to limited contact
2MOF	Hammersmith and Fulham	Murder	Carer concerns	No patient contact	
9MOF 1YOF 4YOF	Croydon	Neglect	No patient contact	No LAS issues	on going
6MOM	Haringey	Neglect	Carer concerns	No LAS issues	on going
4MOF	Barking & Dagenham	Physical Child Abuse	Carer concerns	No LAS issues	on going
3YOM	Harrow	Neglect	Cardiac arrest. Possible post choking	No LAS report needed	
1YOF	Hammersmith and Fulham	Murder	LAS did not attend	No LAS issues	No child contact
17YOM	Haringey	Gang	Multiple stab wounds	No LAS issues	on going
16YOM	Southwark	Gang	Stab wounds	No LAS issues	on going
1MOM	Camden	Neglect	Carer concerns	To be drafted	
17YOM	Brent	Suicide	Hanging	To be drafted	

- 5.14 Across London the Trust contributed to 4 SCR's for Neglect, 3 Child Abuse SCR, 2 suicide, 2 murders, 2 gang related SCR.



5.15 SCR also included adults until April 2015 when the term changed to Safeguarding Adult Reviews (SAR). There were 10 SAR cases in 2015/16.

Age/ Gender	Borough	Trends	Description	Lessons	Status
81YOM	Enfield	Neglect	Catheter issues	Internally no LA52 completion	on going
32YOM	Richmond	Mental Health	Mental health issues. Cardiac arrest.		Closed due to police investigation waiting further contact
97YOF	Kingston	Possible Neglect	Carer concerns		Initial notification received. Nothing more heard. Still holding pending further contact.
62YOF	Bexley	Self-Neglect	Patient transport due to abnormal blood results. Minimal LAS contact.		Initial notification received. Nothing more heard. Still holding pending further contact.
68YOM	Tower Hamlets	Self-Neglect	Fire. Smoke inhalation and second degree burns.		No overview report received
87YOF	Tower Hamlets	Post discharge issue			on going
72YOM	Hackney	Self-Neglect, Alcohol	Numerous falls. Smoke inhalation injuries.		Waiting final report in draft form at moment
20YOM	Haringey	Mental Health	Having psychotic issue. Jumped from roof.		on going
85YOF 91YOF	Islington	Neglect		Missed referral	on going
32YOM	Haringey	Suicide	Hanging		on going

5.16 Of the 10 adult SCR across London the Trust were involved in 6 which classified as neglect, 2 mental health, 1 suicide and 1 discharge issue.

5.17 Learning is feedback to individual staff and any trust wide learning is incorporated into the Trusts safeguarding training and education.

### Domestic Homicide Reviews (DHR)

5.18 A DHR is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a

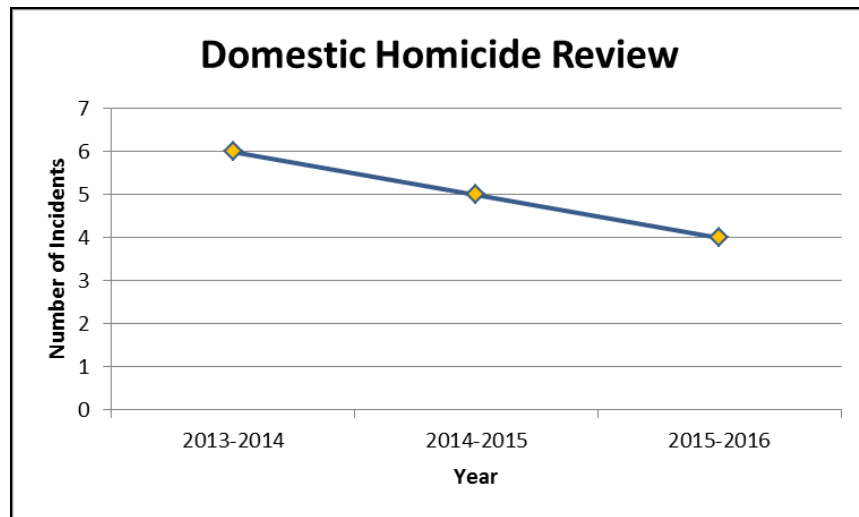


person to whom they were related or with whom they had been in an intimate personal relationship, or a member of the same household as themselves.

5.19 The local authority commission the DHR and our local managers attend when requested.

5.20 The chart below shows LAS involvement in DHR since 2013. The LAS have only been asked to provide information or attend four DHRs in 2015/16.

5.21



## 6.0 Education and Training

6.1 Safeguarding training is critical to protecting children, young people and adults from harm. Front-line staff must have the competencies and support to recognise signs of maltreatment and to take appropriate action.

6.2 All staff employed or contracted by the Trust have a duty to safeguard and promote the welfare of children, young people and adults and should know what to do if they have any concerns.

6.3 The Trust is currently unable to effectively capture data on mandatory training required and undertaken for clinical and non-clinical staff. This issue is on the corporate risk register and is part of the QIP. This will be resolved this year as part of the QIP and the current mitigating action is the safeguarding team are manually capturing figures on a monthly basis and inputting to datix, to produce data.

6.4 The following graph shows the number of staff trained in Safeguarding during 2015-16.



# London Ambulance Service **NHS**

NHS Trust

Training required	Total Staff	Frequency of training	2014	Target to be trained 2015/16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total trained 2015/16	% of target 2015/16	3 year cumulative % of total staff trained	
<b>Level One</b>																				
Induction	various	on joining		various	28	10	14	9	0	14	19	19	17	53	0	26	209			
E Learning	1389	3 yearly	672	356	69	220	67	35	18	40	60	34	22	32	33	32	662	186%	96%	
<b>Level Two</b>																				
New Recruits	Various	on joining		various	Nil	53	88	31	39	124	13	16	47	27	74	177	689			
Core Skills Refresher	3019	annually		3019	N/A	N/A	N/A	N/A	310	596	785	936	N/A	178	N/A	N/A	2805	93%		
EOC Core Skills Refresher	443	annually		443	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%		
EOC new staff	Various	on joining		various	34	10	9	27	4	12	17	0	14	7	12	8	154			
PTS/NET	114	annually		114	Nil	N/A	20	N/A	25	29	N/A	N/A	N/A	N/A	N/A	N/A	74	65%		
Bank staff	390	annually	58	390		N/A	N/A	N/A	6	8	43	66	0	31	N/A	N/A	154	39%	54%	
111	152	annually	101	51	9	15	3	0	1	2	16	9	5	26	1	6	93	182%	128%	
Community first Responders (St John)	140	3 yearly	135	50	Nil	12	13	10	13	12	12	14	15	N/A	13	12	126	252%	186%	
Emergency responders	150	3 yearly		100	Nil	Nil	Nil	Nil	Nil	29	11	Nil	69	N/A	7	10	126	126%		
<b>Level Three</b>																				
EBS	30	3 yearly		25	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13	14	N/A	27	108%		
111	11	3 yearly	11	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0		100%	
Local leads	various	3 yearly		various	6	5	N/A	N/A	N/A	N/A	7	6	12	N/A	N/A	N/A	36			
<b>Specific training</b>																				
Prevent- clinical staff	3019	one off		3019	N/A	N/A	N/A	N/A	310	596	785	936	0	178	N/A	N/A	2805	93%		
Prevent- Non clinical	1389	one off		0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0	0%		
Trust Board	17	3 yearly		17	N/A	N/A	12	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	12	71%		
HR/ Ops managers	Various			various	29	N/A	N/A	N/A	N/A	7	N/A	N/A	N/A	N/A	N/A	N/A	36			
Private providers	450	3 yearly	226	112	26	21	13	10	19	16	14	11	6	18	21	13	188	168%	92%	
Other safeguarding	various	as required			104	12	N/A	N/A	N/A	N/A	N/A	12	0	0	0	75	203			
Nil = no figures provided																	8399	total		
N/A= no course planned this month																				

- 6.5 The Trust has provided a range of face to face safeguarding training this year, including; all new staff receive safeguarding training on the Trust induction course. All new clinical staff, A&E and PTS, receive safeguarding level 2 training on the core training course.
- 6.6 All clinical staff including EOC also receive level 2 safeguarding refresher training on the Core Skills Refresher (CSR) course. EOC did not undertake CSR in 2015/16 due to recruitment but safeguarding is planned for Q1 in 2016/17.
- 6.7 In addition local leads, EBS, Medical Directorate and Clinical Hub staff who provided support to staff have also received level 3 safeguarding children training.



- 6.8 71% of the Trust Board undertook safeguarding training in June 2015 against a target of 85% and the remainder are booked for Q1 2016/17.
- 6.9 All non-clinical staff are required to complete the Trusts level 1 Safeguarding e-learning programme and the Trust is currently compliant with this.
- 6.10 This year's safeguarding refresher training consisted of Care Act, update to the LAS referral process, domestic abuse, child sexual exploitation, self-neglect, capacity and consent. In addition CSR has covered fluctuating capacity and the Mental Capacity Act.
- 6.11 93% of clinical staff have received the full NHS PREVENT training. Non clinical staff training is planned for 2016/17 via e-learning.
- 6.12 Ensuring bank staff are current with safeguarding requirements has proved difficult this year and the Executive Leadership Team are currently considering how to progress with the use of bank and the governance arrangements.
- 6.13 In addition to formal face to face training and e learning, regular updates and articles are published in the Safeguarding Update and Clinical News.
- 6.14 The Trust issued a new Safeguarding pocketbook in 2015, detailing safeguarding roles and responsibilities as well as a booklet on female genital mutilation and a pull out pen with information on the Mental Capacity Act.

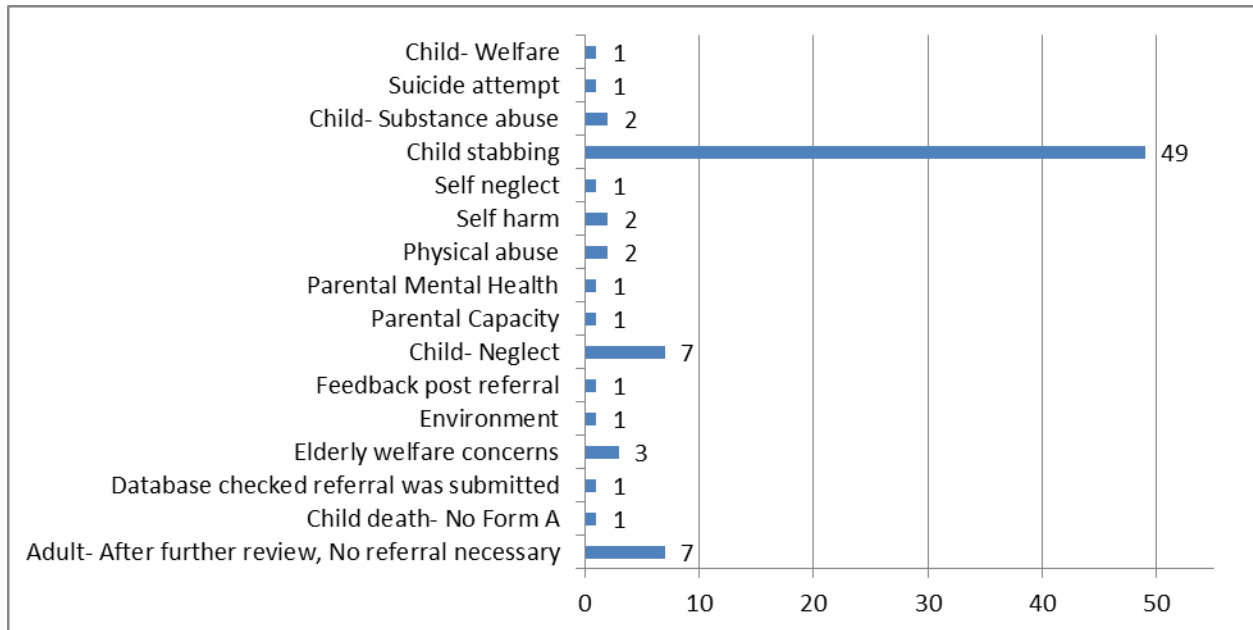
## **7.0 Missed referrals & learning**

- 7.1 The Trust reviews its practice by undertaking audits, SCRs, child death reviews and DHRs. Where staff have not completed a safeguarding referral for a patient the Trust use the (LA456) Staff Safeguarding Action Plan to feedback to staff and for them to learn from the incident.
- 7.2 Where the Trust identifies trends in missed referrals this is included in training and bulletins, in order to improve practice. An example of this is the bulletin dated 22nd December 2015 on child stabbings to remind staff of the need to make a safeguarding referral in all cases.
- 7.3 The Chart below details the number of cases that were identified as missed referrals by staff during 2015/16.





## 7.4



## 8.0 Supervision

8.1 Effective Safeguarding supervision is important to promoting good standards of practice and supporting individual staff members. It has been highlighted as a fundamental requirement in the Care Act 2014, Working Together 2013 and from National Serious Case Reviews. Supervision allows time for reflective practice and is a vital component in the protection of children and adults

8.2 The Trust do not provide individual safeguarding supervision to staff, due to safeguarding team capacity. However, the LAS has been successful in securing funding from NHSE for a 1 year post to review models of supervision across ambulance trusts and to introduce supervision to relevant staff in 2016/17. The Trust is currently recruiting to this post.

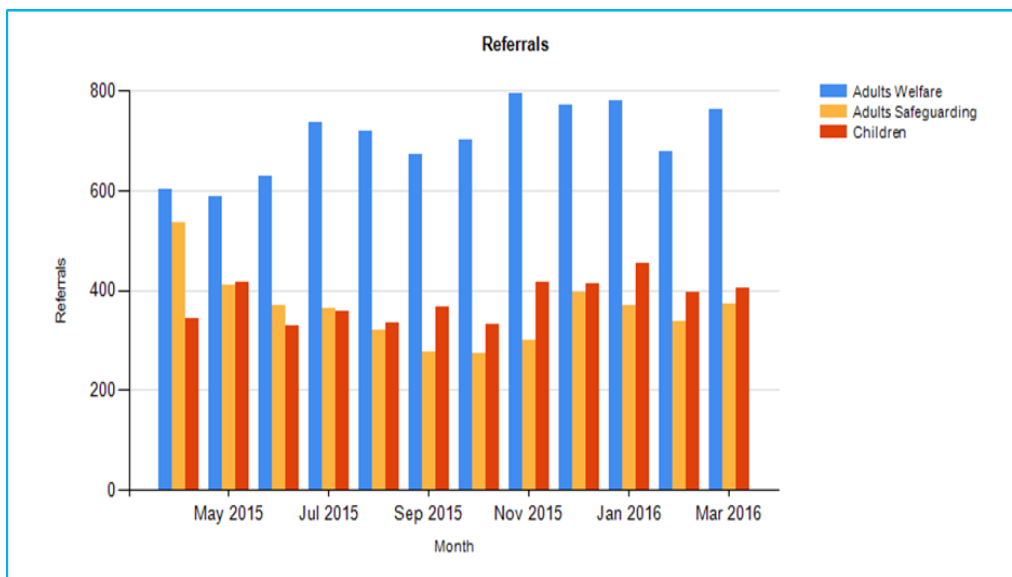
8.3 The Head of Safeguarding currently receives safeguarding support from the Tavistock Group.

## 9.0 Safeguarding Referrals to Social Services.

9.1 Staff make referrals via the Emergency Bed Service (EBS). These are currently made by phone between 0800-2000 for children and non-conveyed adults. For conveyed adults and outside of these times staff complete a paper LA279 or LA280 and fax them through to EBS.



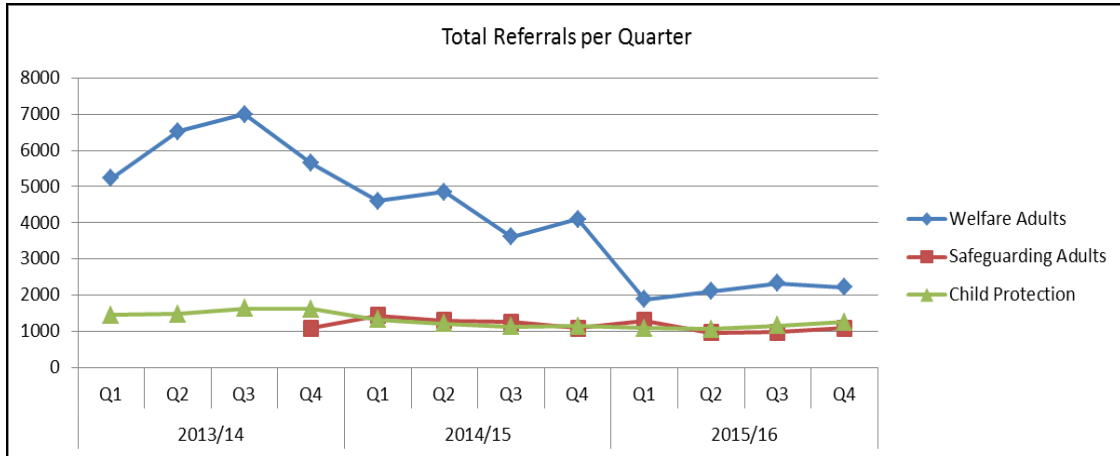
- 9.2 EBS currently fax all referrals to social services departments.
- 9.3 In quarter 1, 2016-17 the Trust is looking to move to 24/7 telephone referrals to EBS.
- 9.4 In quarter 1 2016-17 the Trust is planning to move away from faxing referrals to Social Services to secure email of all referrals.
- 9.5 For 2015/16 the LAS made 17332 referrals to the local authority. 4561 child referrals, 4331 adult referrals and 8440 adult welfare concerns. Please see chart below for monthly referral totals.
- 9.6



- 9.7 The graph over page shows a breakdown of the figures since 2013/14.
- 9.8 In Q4 2013/14, the trust began to record separately safeguarding and welfare calls, which is why the first part of that data series is missing.
- 9.9 The drop in welfare referrals at Q1 2015 was expected due to changes in the way the Trust managed welfare referrals. Staff are encouraged to empower patients to raise welfare concerns themselves with the local authority.
- 9.10 In Q4, 2014 we audited the quality of decision making to ensure the new process was safe.



9.11 Referrals have remained fairly stable throughout 2015/16.



9.12 Referrals when profiled by borough (Graph over page) remains similar to previous years. Green indicates the three highest referring boroughs and the lowest are shown in red.

9.13 Although there is some variation between the ratio of referrals this is fairly consistent across London and is not a cause of concern and relates to population and density of care homes etc.



9.14 Figures by borough

	Adults Safeguarding	Adults Welfare	Children	Total Referrals	Referrals as % of incidents
<b>LAS</b>	<b>4331</b>	<b>8440</b>	<b>4561</b>	<b>17332</b>	<b>1.66%</b>
Barking and Dagenham	107	162	189	458	1.62%
Barnet	144	259	159	562	1.34%
Bexley	120	326	146	592	2.09%
Brent	157	258	138	553	1.40%
Bromley	153	317	153	623	1.73%
Camden	109	177	72	358	1.05%
Croydon	262	458	343	1063	2.26%
Ealing	174	319	183	676	1.70%
Enfield	132	267	217	616	1.62%
Greenwich	137	274	220	631	1.93%
Hackney	128	238	113	479	1.67%
Hammersmith and Fulham	89	176	63	328	1.48%
Haringey	123	238	134	495	1.59%
Harrow	80	136	92	308	1.28%
Havering	148	205	116	469	1.42%
Hillingdon	148	260	150	558	1.32%
Hounslow	165	330	152	647	1.98%
Islington	129	240	91	460	1.53%
Kensington and Chelsea	72	155	39	266	1.42%
Kingston upon Thames	75	152	69	296	1.63%
Lambeth	185	327	188	700	1.65%
Lewisham	149	348	194	691	2.07%
Merton	108	171	111	390	1.80%
Newham	143	232	182	557	1.38%
Redbridge	121	237	125	483	1.46%
Richmond upon Thames	90	203	62	355	1.92%
Southwark	191	313	166	670	1.62%
Sutton	128	223	108	459	2.00%
Tower Hamlets	111	194	141	446	1.35%
Waltham Forest	160	309	136	605	1.96%
Wandsworth	153	238	141	532	1.67%
Westminster	98	256	58	412	0.95%

9.15 Referrals by sector 2015/16

	Adults Safeguarding	Adults Welfare	Children	Total Referrals	Referrals as % of incidents
<b>LAS</b>	<b>4331</b>	<b>8440</b>	<b>4561</b>	<b>17332</b>	<b>1.76%</b>
<b>North</b>	<b>1639</b>	<b>3201</b>	<b>1785</b>	<b>6625</b>	<b>1.45%</b>
East Central Sector	497	1031	508	2036	1.52%
North Central Sector	504	1062	568	2134	1.41%
North East Sector	258	443	316	1017	1.43%
North West Sector	380	665	393	1438	1.41%
<b>South</b>	<b>2029</b>	<b>4273</b>	<b>2174</b>	<b>8476</b>	<b>1.81%</b>
South East Sector	909	1974	1066	3949	1.87%
South West Sector	695	1342	752	2789	1.97%
West Sector	425	957	356	1738	1.51%
Other	663	966	602		
EOC/CSD	61	49	111		
IRO	1	3	6		
NETS	26	49	1		
Other	149	250	195		
PAS/VAS	426	615	289		

9.16 Referral rates are subject to some variation at sector level (Coulsdon at 2.2%, Smithfield at 1%). These outliers are less extreme than in previous years and are what would be expected for the demographics and are not a cause for concern.

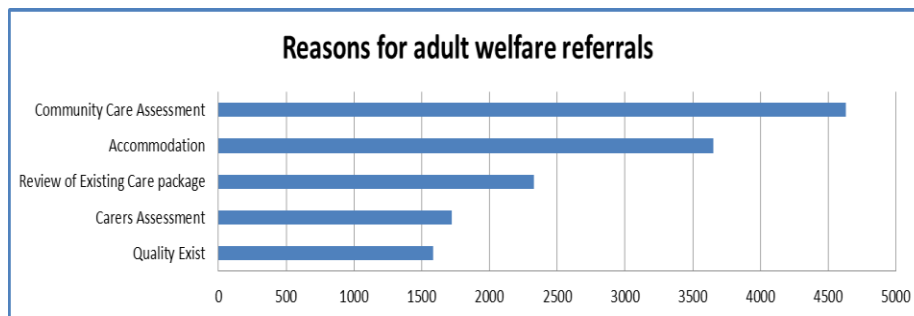
9.17 Local referral information is now shared via the “portal” so that safeguarding leads, Quality Governance Assurance Managers (QGAM) and Stakeholder Engagement Managers (SEM) are able to view and use referral information.



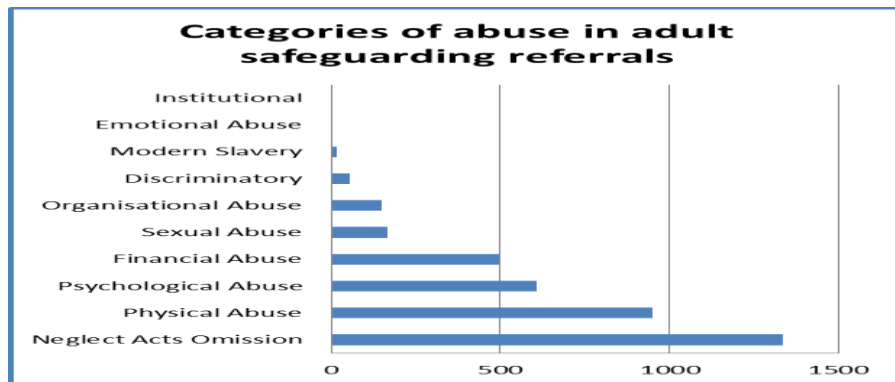
- 9.18 Work has focused on EOC referrals this year to enable 24/7 telephone referrals to EBS. In addition EOC CSR training will be undertaken in 2016/17. The impact of this should result in an increase in referrals from EOC in the coming year.
- 9.19 Private /voluntary staff make as many referrals as a medium sized station. This is as expected given our sustained use of private ambulance providers and demonstrates they have a good understanding of their safeguarding responsibilities.

**Categories of referrals**

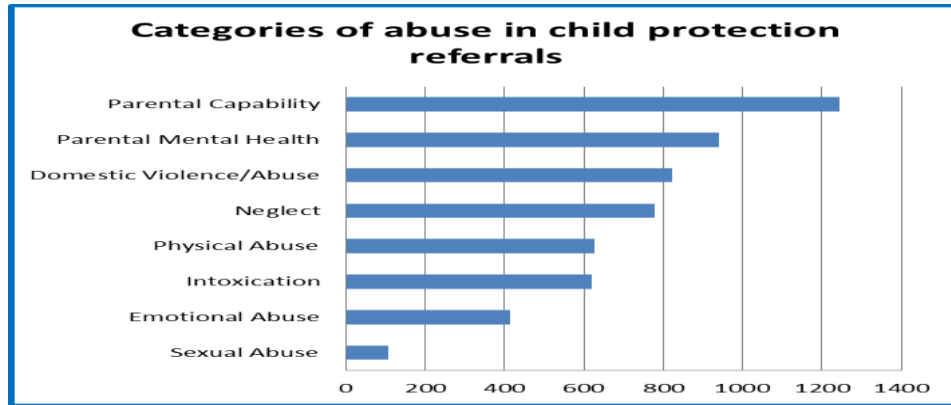
- 9.20 Any specific welfare concern raised may name one or several reasons for the concern. They are all indicative of concerns relating to accommodation or care packages.
- 9.21 A small number are requests for carer assessment. The Care Act clearly includes carers within safeguarding. The Trust intends to raise awareness of this further in 2016/17.
- 9.22 The chart below shows the broad reasons why and the number of staff welfare concerns for adults. Overwhelmingly the most concerns raised are for an assessment of care need.



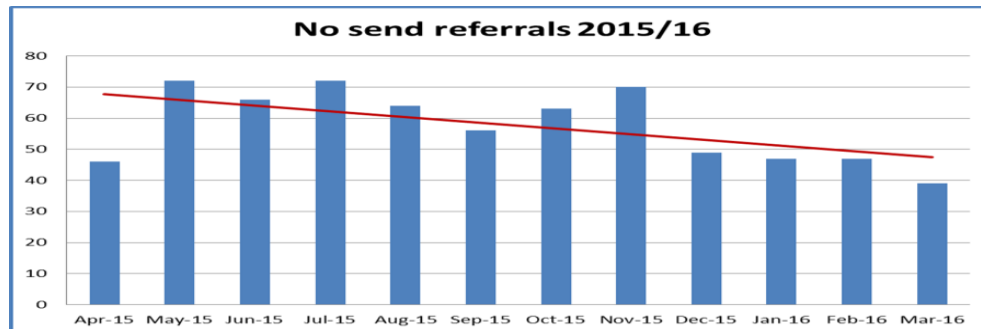
- 9.23 The graph over page shows the categories of adult abuse. The majority of adult safeguarding concerns are related to neglect and acts of omission.
- 9.24 Self-neglect would also rank highly, however it is difficult to clearly differentiate welfare related self-neglect from a safeguarding concern.
- 9.25 The Trust recently commenced formal recording of hoarding-related concerns and will shortly commence sharing these concerns with the London Fire Brigade as well as the local authority.



- 9.26 Child protection concerns will often be indicative of a number of concerns. Referrals overwhelmingly related to acts or omissions of parents.
- 9.27 There is a very small number of sexual abuse related referrals, this is potentially indicative of under reporting: the London Child Protection guidelines suggest this is a poorly understood area within partner agencies. The Trust will be looking at this area in the coming year.
- 9.28 The Trust undertook training on child sexual exploitation (CSE) in 2015/16 and will continue to raise awareness of CSE.
- 9.29 New referral processes were introduced for FGM and PREVENT this year. The LAS made 10 FGM related concerns 2 for adults and 8 for children. None were for confirmed cases of FGM. There has been an increase in awareness of FGM throughout the year and this is expected to rise next year although it is not an area of abuse the staff will witness but will receive declarations or have raised suspicions of.
- 9.30 Crews made 6 referrals for PREVENT. All PREVENT referrals are subject to review by the Safeguarding Team and LAS Prevent operational lead.



- 9.31 EBS receive some referrals and concerns from staff which are inappropriate (see chart below). This could be because it is the incorrect pathway e.g. mental health referrals, crew safety, clinical issue or lack of consent.
- 9.32 A number of referrals related to crew safety and should have been reported on the LA52 the Trusts Incident Report Form and clinical issues should be referred to the GP.
- 9.33 In all cases advice and signposting was provided, decision recorded and checked by a level 3 safeguarding EBS manager.
- 9.34 The chart indicates that education is improving and there is an encouraging downward trend.

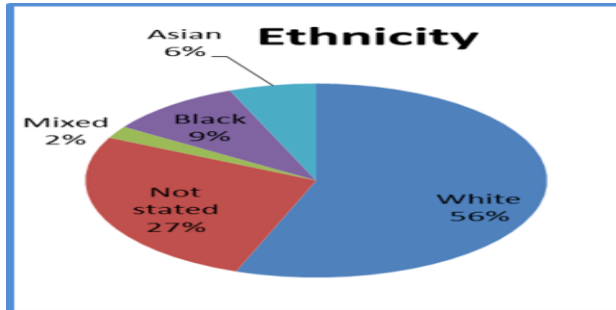


### Protected Characteristics

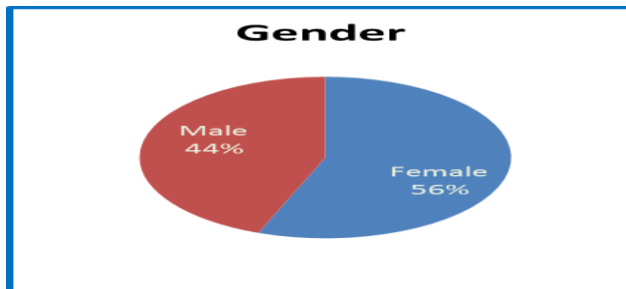
- 9.35 The following charts show a breakdown of the protected characteristics for 2015/16
- 9.36 The Trust record 56% of safeguarding referrals and concerns as being for white British/ White Other. This is in line with the most recent government data (2011 census) which has the figure for greater London at 60%.



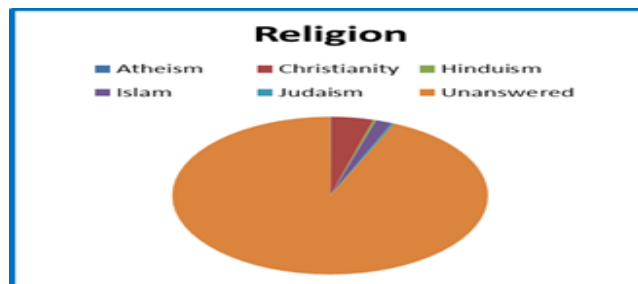
- 9.37 The Trust had no ethnicity recorded in over 25% of cases.
- 9.38 There are times when staff cannot answer this question, but improvement in this area and EBS will focus on this when the telephone referral system is fully introduced.
- 9.39 In 2016/17 work is planned to simplify the coding for ethnicity (in line with government guidance and Trust approval).



- 9.40 Referrals and concerns per gender is 56% female to 44% male.



- 9.41 The Trust safeguarding data on religion or beliefs is limited as often the information is not available to staff at the incident. For 93% of cases staff did not record religion.



- 9.42 The Trust had very small number of cases where people's sexuality was recorded (only 50 referrals out of over 16000), even fewer for gender reassignment.





9.43 The move to 24/7 telephone referrals will enable EBS to ask direct questions of staff and to educate them of the need to capture this information where as on the current referral form it can just be left blank.

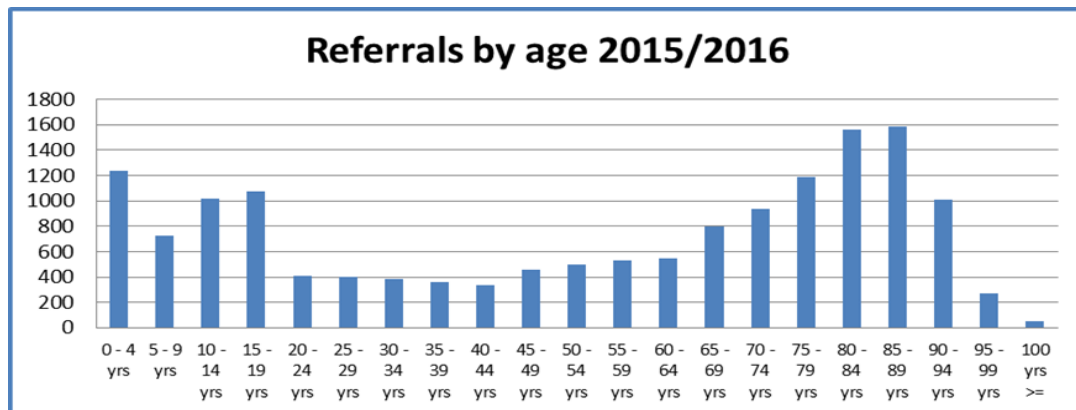
### Referrals by age

9.44 The highest referrals are for the very young and the older members of the public.

9.45 Children under 4 years old receive the most referrals in < 18 years old.

9.46 A third of referrals for all children are related to self-harm (internal audit conducted Q1 2015).

9.47 Recommendations from the audit were to improve data collection and feedback sought on cases. These were accepted and will be implemented as part of the datix roll-out in Q1.



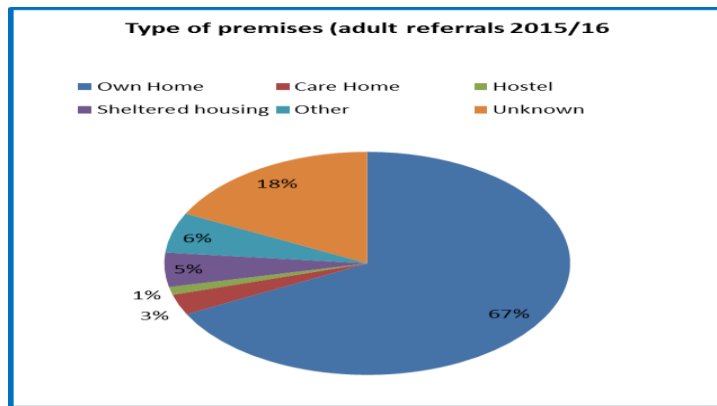
### Type of premises

9.48 The chart below details the type of premises the adult or child lives in.

9.49 Two thirds of referrals were for patients in their own homes.

9.50 Around half of the remainder were in social housing of some kind.

9.51 In 18% of referrals staff were unable to record the type of property. (See chart below).



## 10.0 Safeguarding Action Plans

- 10.1 The implementation of the safeguarding action plan is monitored by the Trust's Safeguarding Committee.
- 10.2 The Action Plans contain the actions that are required to ensure the Trust is complaint with legislation, National documents/ recommendations and learning from incidents.
- 10.3 In March 2011, the Department of Health published a Safeguarding Adult and Assurance Framework to enable health trusts to identify how well they are meeting their safeguarding adult responsibilities. This was followed in 2014 by the Self-Assessment Risk Assessment Tool (SARAT). In addition there were a number of recommendations following the Savile investigation; these are all included in the Action Plan in Appendix One.

## 11.0 Summary

- 11.1 Overall self-assessment reveals that the Trust is partially complaint with CQC standards for Safeguarding, safeguarding supervision is to be addressed in 2016-17, this means the trust is unable to provide the level of support required to its staff and measures are in place.
- 11.2 The Trust have made progress with PREVENT training 93% of clinical staff however there remains challenges, on policy, referral pathways and non-clinical staff training completion.



- 11.3 The action plan has progressed slowly this year with some large system change processes included in the plan; progress continues to be monitored by the Safeguarding Committee. The impact on this is that we are non-compliant with areas of best practice and recommendations for example Savile recommendations.
- 11.4 The Trust need to complete a review of safer recruitment including a decision on frequency of DBS checks.
- 11.5 The Trusts needs to develop a system to identify who is compliant or non-complaint with mandatory safeguarding training. This is included in the Quality Improvement Programme following the CQC inspection and a resolution will be in place during the coming year.
- 11.6 The Trust has delivered a wide range of safeguarding training across the Trust at inductions, level 1, level 2 and level 3 during 2015-16 with 93% of clinical staff receiving safeguarding training.
- 11.7 The Trust engaged in 308 partnership working meetings in 2015/16.
- 11.8 The Safeguarding governance arrangements within the Trust are working well and providing assurance to the Board.

Alan Taylor  
Head of Safeguarding



## Appendix One Safeguarding Action Plan

### Safeguarding Action Plan 2015/16

#### Final report

This is a report on the progress made with the safeguarding action plan in 2015/16. It seeks to provide details of those actions that were completed, partial completed or still outstanding. It will give completion date and length of time overdue.

The report will also highlight the risks to the Trust on those not completed and highlight the challenges that have been faced. It will also highlight those that need to be escalated to ensure compliance with requirements.

The Safeguarding committee agreed the action plan at the start of 2015 recognising that there were a large number of actions to complete within the year. Several requiring system changes which often take time to achieve. Indeed many of the partial completed items include system changes that are in progress and should see completion in 2016/17.

Below provides a general overview on the progress of actions.

Overview of completion of action plan as at 31/3/16		
Number of actions completed	Number of actions partially completed	Number of actions outstanding
12	13	13

Overview of completion of action plan as at 20/5/16		
Number of actions completed	Number of actions partially completed	Number of actions outstanding
24	9	5



Title Improve trust referral systems and processes						
Action	Progress	Achieved/ outstanding RAG	Completion Date	Impact Risk/Action	RAG as at 20/5/16	Progress
To move from a Fax referral system to secure electronic referral system to local authority to improve data protection and reporting processes.	IM&T currently designing database. 6 boroughs are scan to email.	Outstanding Hopeful of Q2 2016 completion date.	June 2015	Carry over to 2016/17 work plan.		Reliant on Datix Web. Training for EBS staff beginning 26 <sup>th</sup> May Estimated delivery June 2016
Move to 24/7 telephone referral system from crews to EBS	Currently 8-8 telephone referrals. PAS, VAS and EOC full telephone	Outstanding Hopeful of Q2 2016 completion date	June 2015	Carry over to 2016/17 work plan.		Interview for new staff 23/5/16 Estimated July delivery date.
Enable safeguarding activity database to be available to Trust managers	Establish best way of making data available	Achieved March 2016	Sept 2015			
To improve support to those at risk but ensuring we meet requirements to ensure referrals being passed to appropriate agencies/ professionals.	Agree what types of abuse required multiple referrals. FGM Domestic Abuse Hoarding Prevent	Partially Achieved Added to 2016/17 actions	August 2015	Carry over to 2016/17 work plan.		FGM, Hoarding and Prevent referrals in place, Domestic abuse Policy to ELT 1/6/16
Improve feedback on referrals to staff	Pilot to begin with Havering in March 2016. % of feedbacks up from 0.02% to 2%. Introduced Staff safeguarding action plan to evidence feedback and change of practice.	Outstanding	Nov 15	Could impact on referrals Resulting in more missed referrals  Carry over to 2016/17 work plan.		Pilot begun meeting Havering 31/5/16 to review
Title Education & Training (Commissioned standard & CQC)						
To approve training strategy and ascertain safeguarding is included in Trust training needs	Written agreed by Safeguarding committee. No Trust wide training Group.	Partially Achieved	Sept 15	Submit to new Training Strategy Group.		Training Strategy being reviewed by Trust



analysis yearly.	new Asst Director to implement group in Q1-2 2016.					training strategy group. Training for 2016 approved
Write safeguarding sessions for level 2 CSR training	Developed and delivered for clinical staff	Achieved	May 15			
Review EOC level 2 training	Meetings planned for March 2016 Scoping of areas undertaken Part of QIP	Partially achieved	Oct 15	Include in training session development for 2016/17		Training commenced 9/5/16
Ensure HR and Ops managers comply with Allegations against Staff policy.	HR and operations managers trained. Awaiting IRO training dates.	Partially Achieved	Dec 15	Date now agreed for May/June onward several sessions. Close.		Met HR manager 4/4/16 IRO training agreed 15/6/16
To be able to capture accurate data on all safeguarding Trust for all Trust staff and volunteers.	Part of the QIP	Outstanding	Dec 15	Unable to provide assurance on training compliance Monitor QIP progress add to 2016/17 plan.		In business plan for 2016/17 delivery as part of QIP actions due for completion 30/9/2016
<b>Title To ensure Safe safeguarding practice and partnership working during operational restructure.</b>						
To ensure how safeguarding will be managed at a local and area level.	Confirmation with Director of operations. Operational roles for safeguarding.	Achieved	Sep 15			



To develop a database to capture local safeguarding activity.	Developed data captured monthly.	Achieved	Dec 15			
Ensure both internal and external awareness of changes to local safeguarding arrangements	Issued leaflets and new Safeguarding Pocket Book and pull out pens. Shared Nationally	Achieved	Oct 15			
<b>Title Provide safeguarding supervision for staff</b>						
Develop safeguarding supervision policy.	Write policy awaiting supervision post and findings to review policy.	Partially Achieved forms part of supervision post agreed for 2016-17	Feb 15	Add to plan for 2016/17		
Consider who is best to provide what level of supervision to staff.	Secure funding from NHSE for a Safeguarding Supervision Project Manager to look at what is appropriate for ambulance trusts.	Partial Achieved-recruitment to post begins July 2016	Dec 15	Part of project add to project brief.		
Agree and commission supervision training	Part of NHSE funded post	Outstanding Part of supervision project	Jan 15	Part of project add to project brief.		
To use OWR to support staff and audit safeguarding practice.	Held meeting with OD who are restructuring appraisals and OWR.	Partially Achieved	Dec 15	Monitor implementation of OWR		
<b>Title Implementation of the Savile recommendations</b>						
All NHS hospital trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors.	Policy written, rejected by SMT as too many policies need all into one policy.	Outstanding	May 15	Unable to comply with Savile recommendation Add to work plan escalate to Quality Committee		Policy being submitted to ELT for sign off 1/6/16
All NHS trusts should review their voluntary services arrangements and ensure that: •They are fit for purpose; •Volunteers are properly recruited, selected and trained and are subject to appropriate management	Reviewed arrangements and regular reports to safeguarding committee.	Achieved	May 15			



and supervision. •All voluntary services managers have development opportunities and are properly supported.						
All NHS hospital staff and volunteers should be required to undergo formal refresher training in safeguarding at the appropriate level at least every three years.	E learning introduced for non-clinical staff. All clinical staff received annual face to face training	Achieved	Sept 15			
All NHS Hospital trusts should undertake regular reviews of: • Their safeguarding resources, structures and processes (including their training programmes); and, • The behaviours and responsiveness of management and staff in relation to safeguarding issues. To ensure that their arrangements are operate as effectively robust and as possible.	Service development bid submitted. CEO approved 2x Band 7 specialists to support safeguarding. Currently reviewing role of Head of Safeguarding and Administration requirements for the team.	Partially Achieved	Sept 15	Recruitment underway close on completion		Staff appointed start dates 11/6/16 & 13/7/16
All NHS hospital trusts should undertake DBS checks (including, where applicable, enhanced DBS and barring list checks) on their staff and volunteers every three years. The implementation of this recommendation should be supported by NHS Employers	Review underway by Executive Leadership Team (ELT)	Outstanding	Sept 15	Trust risk to employing unsuitable staff which could put patients at risk. Add to workplan ELT aware of issues.		Agreed in principle by ELT currently developing HR action plan for 2016/17.
All NHS hospital trusts should ensure that arrangements and processes for the recruitment, checking, general employment and training of contract and agency staff are consistent with their own	Review underway by new HR Director	Outstanding	Sept 15	Trust risk to employing unsuitable staff which could put patients at risk. Add to workplan monitor Hr progress		Updated in line with new guidance from NHS Employers. Ratified by the Senior Management Team





internal HR processes and standards and are subject to monitoring and oversight by their own HR managers.				escalate if no progress		
NHS hospital trusts should review their recruitment, checking, training and general employment processes to ensure they operate in a consistent and robust manner across all departments and functions and that overall responsibility for these matters rests with a single executive director	Review underway by new HR Director	Outstanding	June 15	Trust risk to employing unsuitable staff which could put patients at risk. Change in directors So monitor progress and add to Work plan for 2016/17		Review complete and reported to Safeguarding Committee 5/5/16
NHS hospital trusts and their associated charities should consider the adequacy of their policies and procedures in relation to the assessment and management of the risks to their brand and reputation, including as a result of their associations with celebrities and major donors, and whether their risk registers adequately reflect this	Chairman and Trust Secretary to review in March 2016. Due to Chairman leaving needs to be followed up with the new Chairman during 2016/17	Outstanding	March 2016	Very little charity work and engagement with celebrities but still as risk to trust.  Change of Chairman Monitor and escalate as required.  Add to work plan for 2016/17		Company Secretary confirmed that no charity work currently undertaken agreed to close action and to raise a risk for consideration should our charity work recommence
<b>Title Ensure effective information sharing policies and procedures are in place.</b>						
Develop and agree a pan London safeguarding information sharing agreement	Pan London policy was delayed until Feb 2016 Agreed with governance team we will sign	Partially Achieved	July 15	Once LFB information sharing agreed close.		



	individual information sharing agreements when requested. Develop own ISA with LFB on sharing hoarding information					
Obtain approval from all 64 safeguarding boards/ safeguarding organisations	Pan London policy was delayed until Feb 2016 so no action to date Decision above negates need for this action	Achieved	Dec 15			
<b>Title Prevent requirements- Adherence to NHS commissioning standard under service condition 32 in relation to Prevent</b>						
There is a strategic plan for safeguarding adults that includes Prevent and it is an integral part of quality.	Currently sits with ADO Special Operations.	Outstanding	July 15	Risk to Trust noncompliance with contract arrangement. Add to work plan and Escalate to quality committee		Policy in draft form. Trust still to agree which directorate will take responsibility for Prevent
The service has an approved Prevent Health Wrap Trainer and sessions are being rolled out to staff.	Trainers have had NHSE training in Prevent	Achieved	July 15			
All staff receive Prevent training	93% of clinical staff trained E learning for Non-Clinical staff not launched yet.	Partially Achieved	Aug 15	Add to work plan 2016/17		
To agree appropriate referral pathway for Prevent concerns from staff.	Capture Prevent referrals on safeguarding activity report. Ensure EBS aware of appropriate pathway for referrals. Ensure appropriate information is obtained from crews. Problems agreeing with CONTEST	Partially Achieved	Oct 15	Add to work plan 2016/17		Agreed with MPS pathway for PREVENT 19/4/16



	correct referral pathway. Meeting MPS in May 16					
<b>Title Trust has guidance and processes to govern the use of restriction and restraint and where DoLS should be considered</b>						
Develop a Restriction and restraint policy.	Developed and approved	Achieved	June 15			
Consider any training requirements as a result of policy implementation.	Developed and covered on CSR	Achieved	July 15			
<b>Title KPMG audit recommendations</b>						
We recommend the Trust implement an internal database which can be updated to reflect training undertaken and monitor when individual staff are approaching the date when they are required to complete refresher training, to reduce the risk of breaches in terms of Safeguarding training.	Also identified by CQC inspection and forms part of the QIP.	Outstanding	Sept 2015	Part of early action and QIP programme. Add to work plan to monitor.		
We recommend the Trust completes a full review of recruitment policy to ensure it is up to date with current requirements and addresses the Trust's responsibilities regarding recruitment with reference to safeguarding responsibilities.	No progress to date	Outstanding	31 March 2016	Risk of employing unsuitable staff. Add to work plan and monitor escalate if no progress		Updated in line with NHS Employers Ratified by Senior Management Team May 2016
We recommend the Safeguarding Team use DATIX to record the review of IMRs and chronologies. The final email which is sent to the relevant Safeguarding Board should also be maintained on DATIX to ensure a full evidence	Implemented	Achieved	30 Sept 2015			



trail is available.						
We recommend the Trust record receipt of overseas candidate's certificate of good conduct on ESR in the same manner as DBS checks. This will enable the Trust to easily identify those individuals who have not submitted a certificate of good conduct.	No progress	Outstanding	31 March 2016	Risk is being unable to assure processes.  Add to work plan and monitor escalate if no progress.		Checks recorded on ESR Recruitment are currently confirming data entered correctly and an audit to be completed by Workforce Information Manager.
In line with leading NHS practice, we recommend the Trust begins to implement a rolling programme of DBS checks on all staff, to ensure this check is carried out at least once every three years. This should commence by the year end, with a focus on those staff who have never gone through the DBS clearance but require it for their role.	Awaiting ELT for decision Second Paper to ELT in Jan 2016 by HR	Outstanding	31 March 2016	Risk to patients and Trust reputation not undertaking adequate DBS checks.  Add to work plan and monitor escalate if no progress		