



## Annual Safeguarding Report

2012/13

### 1.0 Introduction & Background

- 1.1 On internal assessment the LAS is compliant with CQC standards for safeguarding. Concerns regarding training compliance are being mitigated by a plan to commence Level 1 via e learning by the end of 2013 and level 2 training has recommenced post Olympics.

#### *How is the London Ambulance Service responding to Safeguarding?*

- 1.2 The largest part of the Trust's safeguarding workload is the safeguarding adults. These generate more referrals than children. Within adults there are certain vulnerable groups in which we need to focus attention; mental illness and learning disabilities.
- 1.3 The Trust manages the Safeguarding agenda through a number of work streams. These are; Adults, Children, People with Learning Disabilities, People with Mental Illness and Prevent and maintains a scorecard of compliance (March 2013 scorecard attached as Appendix I).
- 1.4 We have a named lead for safeguarding children, safeguarding adults, mental health and Prevent. We have no designated lead for learning disabilities but the safeguarding adults lead covers the strategic issues.

### 2.0 Safeguarding Arrangements

- 2.1 The safeguarding committee drives the Trust's action plans for safeguarding children and adults and the committee meets every two months.
- 2.2 The Trust has a number of roles within the organisation that have a specific safeguarding remit.
- Executive Lead: Steve Lennox, Director of Health Promotion & Quality
  - Head of Safeguarding Children: Lysa Walder
  - Head of Safeguarding Adults: Alan Taylor
  - Safeguarding Officer: Dawn Mountier
  - Educational lead: Gary Ralph, Practice Learning Manager

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- Lead for referrals: Alan Hay, Emergency Bed Services Manager
- Lead for mental health: Kudakwami Dimbi, Clinical Advisor
- Lead for Prevent: David Williams, Emergency Planning Advisor

2.3 There are nominated safeguarding leads at complex level that have a specific remit in leading, championing, or managing safeguarding for the Trust at a local level, this involves attending safeguarding meetings and feeding back to staff and the safeguarding team.

### 3.0 Safeguarding Governance Arrangements

3.1 The Safeguarding Committee reports to the Clinical Quality, Safety, and Effectiveness Committee and makes a short report at every second meeting. The Clinical Quality, Safety, and Effectiveness Committee reports safeguarding to the Quality Committee unless there is a direct report from the Safeguarding Committee to the Quality Committee.

3.2 The Designated Nurse from our commissioning team is a member of the Safeguarding Committee.

3.3 The Coalition Government has published its Vetting and Barring Scheme Review, but until new legislation to implement the changes is introduced, the current safeguarding responsibilities remain.

3.4 The Trust has an obligation to inform the Local Authority Designated Officer (LADO) of any concerns regarding our staff made in regard to children and the Safeguarding Adult Manager where the concern relates to adults. In the 2011/12 Safeguarding Report we reported no incidents. However, we changed the function to be a centralised function at the start of 2012/13. In 2013/13 there were 7 occasions. Suggesting the centralised system is strengthening the governance regarding allegations against staff.

#### *Partnership Working*

3.5 It is a statutory requirement for the Trust to attend Local Safeguarding Children Boards.

3.6 The Director of Health Promotion & Quality is a member of the Tri Borough Safeguarding Board. Locally, at individual complex level, attendance at LSCB and SAB has improved with identified leads at all complexes. The Heads of Safeguarding receive feedback from local leads on attendance and local safeguarding issues. A hub and spoke model is being developed for the monitoring of attendance and the feeding into the corporate system any local learning. The Head of Safeguarding Adults has also attended the

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London Safeguarding Adults Chairs meeting to improve engagement with partners and is also a member of the London Safeguarding Adult Network (LSAN).

### 4.0 Education & Training

4.1 Education requirements are broken into Induction, Level 1, 2 and 3 training depending upon the degree of contact an individual employee has with children. The Trust undertakes both safeguarding adults and safeguarding children training within the same safeguarding session.

#### 4.2 Induction Training

The Trust has a two day induction training programme for all members of staff and Safeguarding has a 30minute session on this as per recommendations in the intercollegiate document 2010.

#### *Level 1 Training*

4.3 There is a plan to undertake level 1 training via an on-line package. The on-line package is a national package and is of no cost to the organisation. However, OLM is still not available to be able to record those who complete training and a decision has been taken by the Heads of Safeguarding in conjunction with the E Learning Manager to pilot the introduction with a small cohort of staff. There may be a cost implication in the administration of the system, this is currently being explored.

#### *Level 2 Training*

4.4 The Trust has systems and processes in place to ensure a methodical & systematic approach to core training (which includes Safeguarding) for all 'front line' ambulance staff. This approach includes the processes to analyse training needs, plan, develop, deliver and evaluate core training, and assesses the implementation of the training on the Trust. The Olympic preparations took the greatest need on training last year.

4.5 The Trust reviewed the core training requirements and produced a Training Needs Analysis (TNA) for all staff in line with legislation, national and professional guidance, in order to inform ongoing policy development and underpin design and delivery of appropriate Core Training programmes, in the correct volumes and at the correct levels.

4.6 A gap in training was identified with several staff groups, those who voluntarily respond for the Trust, Private Providers, Patient Transport Service, Taxis and Control Room Services Staff. This has been addressed and training and/or guidance approved for these groups by working with the groups concerned to ensure that safeguarding at Level 2 is integral to their training for staff. Control Room Services Staff have had a bespoke package developed for their specific requirements. Contracts with all Private Providers have been revised to include Safeguarding. Within Patient

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Transport Services the gap has been identified and will be addressed during the coming year through training.

- 4.7 Current guidance means the Trust specify Safeguarding Children & Adults training as mandatory.
- 4.8 It has been difficult to obtain accurate training completion compliance figures and it is hoped that when OLM is implemented this will be resolved.
- 4.9 In 2012/2013 19% of the Trust's clinical staff received level 2 training. However, as the standard is that all staff should receive training every three years this is currently not a significant risk as previous years compliance was strong. The safeguarding training is in the 2013/14 CSR training package and is currently being delivered.

### *Level 3 Training*

- 4.10 Level 3 training was delivered to 58 key staff during the year. Staff were from Patient Experience Department, Emergency Bed Services, EOC, CIOs, PPI, and the Clinical & Quality Directorate. Training was delivered by the Named Professional for Safeguarding Children and the Named Professional for Safeguarding Adults for the Trust. These teams were targeted as they have a role in supporting front-line staff with safeguarding concerns. To date 78% of the Patient Experience Team have had level 3 training, 38% of the Emergency bed team and 70% of the Clinical & Quality Directorate.
- 4.11 The Board received bespoke training in January 2013.
- 5.1 In addition to the statutory training 200 staff from other UK Ambulance services who supported the Olympic cohort at the 2012 Olympics and Paralympic Games were provided with training in safeguarding procedures in London. The Trust also provided the 500 strong Olympic cohort of staff with a pocket guide to safeguarding, and details of how to manage any potential safeguarding alerts that might arise during the 2012 Games.
- 5.2 No safeguarding referrals were made by the 2012 Games cohort.

## **5.0 Raising Awareness**

- 5.3 One important aspect of Safeguarding is the need to raise awareness and a number of events and processes have taken place this year.
- 5.4 We are holding our first Safeguarding conference in June 2013 for staff from all levels of the service.
- 5.5 The Trust have also produced a pocket Safeguarding guide book for all front line staff which is being rolled out across the Trust in June.

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- 5.6 We have developed a safeguarding information area on the Trust intranet, which provides information on safeguarding and useful links to external organisations.
- 5.7 We have three pages on the Trust web pages dedicated to the public and professionals and provide access to reports and information about the Trusts safeguarding work.
- 5.8 The Trust has also produced “Easy Read” Safeguarding leaflets and has an “Easy Read” safeguarding section on the Trusts web site.

### 6.0 Audit

- 6.1 The Trust Section 11 mandatory audit against compliance with safeguarding standards has been completed for 2012/13. This audit is essentially a self assessment against the expected standards associated with safeguarding. The Trust also a wider self assessment of safeguarding adults work and reported this to the SHA.

### 7.0 Quality

- 7.1 The Trust has undertaken a number of initiatives to improve quality. Quality controls in referrals have been introduced (this is reported in section 9) and a number of other initiatives have also been developed. These are as follows:
- The balance scorecard is now embedded into the work of the safeguarding committee and used to monitoring safeguarding practice
  - The Trust has action plans in place for
    - a. Children
    - b. Adults
    - c. Learning Disability
    - d. Mental Health
  - The Safeguarding Committee has representation from Operations with the addition of the Assistant Director of Operations (East) and a representative from control services
  - The Trust has external members (Metropolitan police & Designated Nurse) and a patient representation on the Safeguarding Committee.
  - A monthly Safeguarding report will be produced from July 2013 and shared with leads within the Trust and partner agencies.

### 8.0 Supervision

- 8.1 The main vehicle for providing supervision is through the Operational Work place Reviews (OWR). These include Safeguarding elements and gave an opportunity for Team Leaders to assess knowledge and awareness of

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safeguarding issues and the understanding of the policies and processes in place during an observational shift with frontline staff.

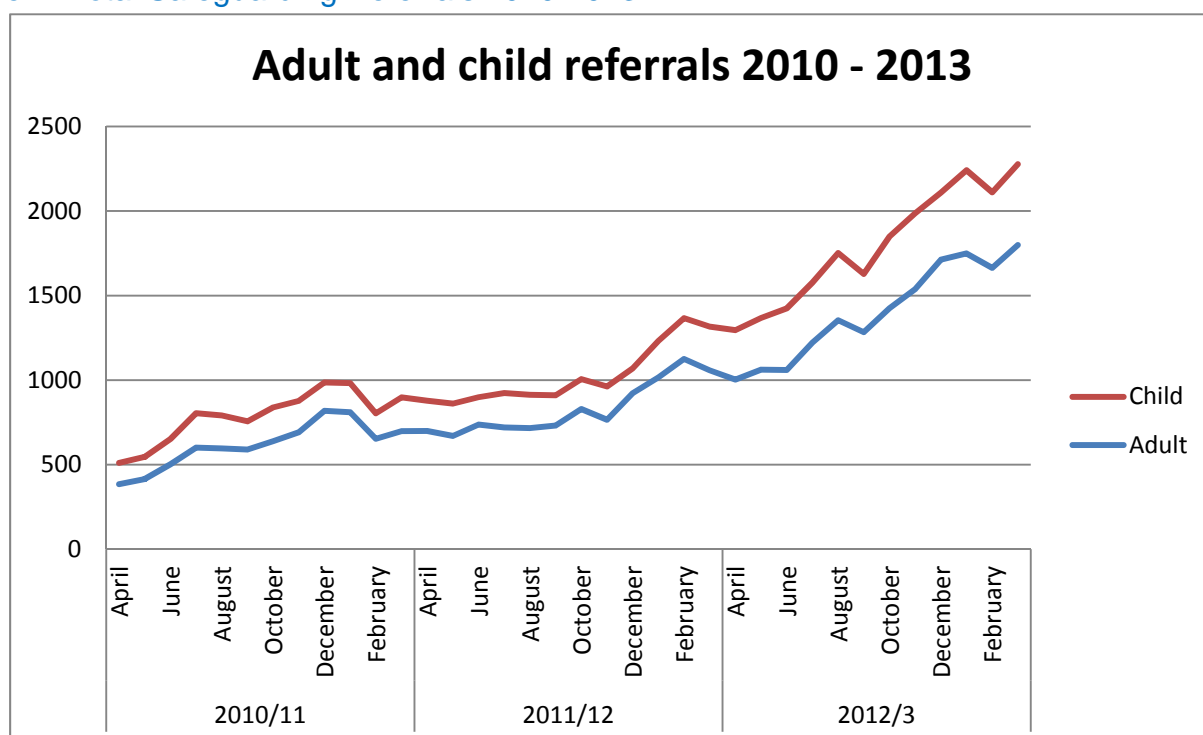
- 8.2 Formal safeguarding supervision is being delivered for EBS, Clinical Hub and Local Safeguarding representatives.
- 8.3 Safeguarding supervision is provided for staff who have been found to have missed a safeguarding referral through the Staff Safeguarding Action Plan.

### 9.0 Referrals

- 9.1 Referral is the Trust's main contribution to the wider safeguarding agenda. By identifying potential safeguarding issues in the exercise of their main duties, and notifying local authorities the Trust is able to make a significant contribution to the welfare of children and adults at risk.
- 9.2 Referrals have continued to rise this year, both in absolute numbers and also as a share of all Trust incidents. This year saw a total of 21,619 referrals, an increase of 75% on last year's total of 12,337. The % of total incidents resulting in referral increased from 1.2% last year to 1.9% this year. This is a slightly smaller increase of 60% and represents the rate of increase with the effect of the baseline increase in activity stripped out, and it is a better indication of the increase in the safeguarding aspect of the Trust's business. Both increases are steep, and there is every expectation that they will continue to rise. For this reason it will become necessary in 2013/2014 to look at what can be done to optimise this rate of increase, and to properly resource it. The reasons for the increase are various but basically boil down to training, effective leadership of the Safeguarding agenda at service and complex level (particularly where new CIO's have engaged very effectively), and some external factors harder to quantify such as the cutting or withdrawal of some social services resources.
- 9.3 Figure 1 demonstrates the number of referrals made across a three year period.

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Figure 1: Total Safeguarding Referrals 2010-2013



- 9.4 We do not currently know how this compares with other ambulance services but will attempt to have a comparative figure in the near future.
- 9.5 Delays in referrals have generally improved. Only about 3.5% of referrals are delayed more than a couple of hours after the incident, and the bulk of these delays are concentrated in a few complexes. This is an improvement on last year's total of 6%. Work is being undertaken to manage this problem at complex level, and we expect to see further improvements.
- 9.6 The Trust continues to receive very little in the way of feedback from Local Authorities. This is a statutory obligation and features highly in Munro's review.
- 9.7 The main development this year has been the commencement of the telephone referral trial. Two complexes, Whipps Cross and Homerton have been able to make referrals directly over the phone to EBS staff. Interim informal evaluation suggests this has been broadly successful with an increase in quality, legibility and uniformity of referrals and a considerable saving in VOR. There remain however complex questions to answer as to how this would be rolled out across the Trust, as it would require a considerable investment in EBS's call-handling capacity. A formal Evaluation will be submitted to the Safeguarding Committee in July 2013.

## 10.0 Incidents

- 10.1 The Safeguarding Officer works with external agencies such as local authorities and other Trust departments, in order to ensure that the Trust is

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compliant with its statutory responsibilities set out in the Children Act 2004 and duties under the No Secrets guidance.

- 10.2 Of the 784 enquires that were dealt with in 2012/2013, 242 resulted in the Trust being asked to undertake further enquiry; such as attending and contributing to meetings, the completion of reports for Incidents, Independent Management Reviews or Form B's.
- 10.3 12 of these progressed to be Serious Case Reviews and 3 Domestic Homicide Reviews. 1 had recommendations for the Trust. These recommendations are essentially regarding missed opportunities to make referrals and are addressed with individual members of staff through reflective practice.

### 11.0 Serious Incidents

- 11.1 There was 1 Serious Incident with a safeguarding element in 2012/13. Spontaneous breech labour at home with difficulties, the mother was taken to hospital where the baby was born. The baby was later transferred to another hospital where they died 2 weeks later. 2 x hospitals also declared an SI with 2 further hospitals contributing to the investigation.

### 12.0 Employment Practice

- 12.1 All appropriate Trust employees have undergone a disclosure and barring process. The Trust undertakes an enhanced disclosure and barring check and ISA checks on appropriate recruitment and role changes. 563 checks were completed for 2012/13.
- 12.2 The Trust needs to continue to improve the guidance on how to manage concerns regarding employees. Guidance is available from the London procedures and has now been incorporated into the Trust's own Safeguarding Policy.
- 12.3 As a result of recommendation from the Winterbourne View Serious Case Review the Trust needs to review contracts to make Whistle blowing a condition of employment.
- 12.4 Safeguarding Adult and Children policies have now been reviewed. They take in to account national and local best practice and DH and legal frameworks. They include guidance on whistle blowing and instances where there are concerns for managing allegations against children and adults to the LADO/ALADO
- 12.5 Training on safeguarding is delivered to all frontline staff, including managers, control services, PTS, CFR, ER, EBS and PED,



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- 12.6 It is recommended that all partner agencies including taxi services, VCS and volunteers must subscribe to the DBS and agree to the LAS accessing updated records on a regular basis.
- 12.7 The indemnity form to be completed by all observers including volunteers, celebrities and others includes guidance on unsupervised access to patients.
- 12.8 The current taxi service contract is in the final version and includes safeguarding. All taxi drivers are disclosure and barring checked. Unaccompanied children are not conveyed by taxi.

### 13.0 Safeguarding Children

- 13.1 The safeguarding of children is monitored by the Trust's Safeguarding Committee and they monitor the implementation of the children action plan which is led by the Head of Safeguarding Children. This is divided into a number of work streams.

*Work stream A1 Risk of staff not recognising safeguarding indicators and therefore failing to make a timely referral. Status: open*

- 13.2 This is identified on the Trust Risk Register. Missed opportunities to make safeguarding referrals are collated and added to Datix, Feedback provided to staff from Team Leaders or Complex Trainers to support learning around safeguarding issues.
- 13.3 Operational Workplace Reviews, our main vehicle for supervision, is now undertaken regularly at all complexes although the Trust is not yet meeting the expected trajectory for 2012-2013. This includes safeguarding.
- 13.4 Referrals made for safeguarding children are increasing in numbers and continue to be of a better quality/legibility. In addition they are being made in an increasingly timely manner.
- 13.5 However, as this remains a risk for the Trust and we continue to see a small number of missed referrals, 18 for 2012/13.

*Workstream A2. Re-designation of Named Professional. Status: closed*

- 13.6 The named professional role was re-designated during 2011/2012 to the newly established position of Head of Safeguarding Children,

*Workstream A3 Partnership Working. Status: open*

- 13.7 The Head of Safeguarding Children has met most of the local reps across London to establish a benchmark of safeguarding awareness, training, and attendance at LSCB meetings. This information has been collated in a database and provides a framework to build on.

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13.8 Safeguarding is included in the new Social media Policy currently being drafted.

13.9 We still have work to do in ensuring local engagement takes place and this is a key area of focus for the Head of Safeguarding. Therefore this remains open on the action plan.

*Workstream A4 Education and Development. Status: Open*

13.10 Training undertaken as detailed in the previous training section of this report.

*Workstream A5. Supervision. (Commissioned Standards & CQC) Status: Open*

13.11 Supervision is now being addressed through OWR but there are a few outstanding actions so this work stream remains open.

*Workstream A6. Clinical Governance and Risk Management. (Commissioned Standards, CQC & SIT Visit) Status: Open*

13.12 The majority of actions have been closed the remaining action is to ensure the High Risk Register procedures reflect safeguarding practice.

*Workstream A8 Procedures and Guidance. Status: Open*

13.13 The Safeguarding Children Policy has been completed and the management of Intoxicated Minors has been added (this was a CQUIN requirement for 2012-2013) and strengthening of the guidance on staff involved in safeguarding allegations. This will be available to staff from July 2013.

*Workstream A9. Annual Report. (Commissioned Standards & CQC) Status: Closed*

13.14 This report meets the requirements of this work stream

*Workstream A10. Audit. (Commissioned Standards, CQC & SIT visit) Status: Open*

13.15 The head of Safeguarding Children has completed the Section 11 Audit. This is our self assessment against mandatory and statutory elements.

*Workstream A11. Unable to assure that the current taxi contract accommodates the guidelines for regulated activity (Risk Register) Status: Closed*

13.16 Taxi contracts now have Safeguarding written in.

*Workstream C. Learning from Serious Case Review Recommendations. Status: permanently Open*

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- 13.17 Articles providing information to inform staff about best practice in safeguarding children are regularly published in the LAS News. They are anonymous cases based on action plans that result from SCRs.

### 14.0 Safeguarding Adults

#### *Safeguarding Adults and Assurance Framework*

- 14.1 In March 2011, the Department of Health published a Safeguarding Adults and Assurance Framework to enable health Trusts to identify how well they are meeting their safeguarding adult responsibilities. This served as a gap analysis tool for the Trust and identified that (using a scale of 1 – 4, with 1 being 'not effective') 16 out of 20 measures were self graded as effective.
- 14.2 Areas for improvement include partnership working, improving transparency, contracts and procurement, all of which are included in the action plan for development, this was validated by the Tri Borough and by NHS London.
- 14.3 The Safeguarding Adults Action plan is monitored by the Safeguarding Committee and is divided into workstreams.

#### *Workstream A, Strategy and Planning. Status: Open*

- 14.4 There is a Strategic Plan for Safeguarding Adults that includes Prevent and it is an integral part of quality. The Trust has action plans in place and are reviewed and monitored regularly at appropriate committees. The Trust currently only undertakes Prevent training to targeted staff groups.

#### *Workstream B, Systems for prevention; responses; reporting & learning. Status: Open*

- 14.5 B1. The Trust has internal Safeguarding Adult procedures that are consistent with the local multi agency Safeguarding Adults procedures including Prevent. The revised Adult policy agreed at Safeguarding Committee and is going to EQIA on 29 May 2013.
- B2. The Trust has guidance and processes to govern the use of restriction and restraint and where DoLS should be considered. The Trust has guidance on assisting the police with restraint as the Trust's practice is not to restrain patients. A DVD produced on Positional Asphyxia and guidance issued to staff, reviewing with mental health lead guidance in relation to restraint. The Trust is currently reviewing its stance and guidance on restraint, historically the service states it does not restrict or restrain patients, when there are clearly occasions when staff have to.
- 14.6 B3. Services can demonstrate patient/user led decisions about their Safeguarding and that interventions are person centred. Staff trained on consent and safeguarding. A small audit undertaken showed consent not sort in a high percentage of those forms checked. The Trust is currently undertaking a review of referral process and form used. The Form is to be redesigned to make the need for consent more explicit to staff. Training

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materials have also been updated to cover the need for consent to refer a patient and when it may be acceptable not to have consent. The Trust is also considering feasibility of a telephone audit of patients who granted consent.

### *Workstream C, Workforce, culture and capability. Status: Open*

- 14.7 C1. The Trust's workforce has the capacity and capability to
- C1.1 Meet the needs of patients who may be at particular risk of harm.
  - C1.2 Respond to Safeguarding concerns. Workforce plans moving organisation towards a greater ratio of registered professionals who can make autonomous decisions. Safeguarding training for all "frontline staff", training at level 2 being provided to Emergency Operations Control staff to identify and respond to any safeguarding issues that arise over the phone. It is agreed that Safeguarding articles will be published quarterly in Clinical Updates since December 2012. The Trust has a dedicated safeguarding email address and web pages to provide safeguarding information. The trust is holding their first Safeguarding conference in June and have produced Safeguarding pocket books for front line staff.
- 14.8 C2. The Trust provides training to enable the workforce to safeguard adults. The organisation has an approved Prevent Health Wrap Trainer and sessions are delivered to staff. Core Skills Refresher (CSR) Safeguarding materials were reviewed in January 2013. CSR is currently being delivered to front line staff. Patient Transport Service (PTS) to begin CSR training in July 2013. All staff joining the Trust now receives Safeguarding induction. The Heads of Safeguarding have met with leads for Voluntary Responders and Private Providers to train them to deliver Safeguarding level 2 to these staff which began in March 2013. Limited Prevent training has been provided by the Trust's Prevent Trainer.
- 14.9 C3. The Trust Safeguards adults by addressing staff performance concerns, a whistle blowing policy is in place. Currently no real Safeguarding adults have been tested on the internal system. The Trust's managers have been reminded of the need to inform only the Executive Lead if any Safeguarding concerns are raised against a member of staff.

### *Workstream D, Partnership & Collaborative working. Status: Open*

- 14.10 D1. The Trust works in partnership to Safeguarding adults. This includes local multi agency partnerships involved in the Prevent agenda, including channel, metropolitan police and local authorities. We have designated local Safeguarding leads on complexes who attend local board meetings, who feedback information to the Safeguarding team. The Head of Safeguarding Adults has met with the chairs of Safeguarding Adults board (SAB). The Safeguarding Officer liaises with local authority colleagues to ensure attendance at Rapid Response Meetings, Serious Case Reviews and provides documentation including Individual Management Review, Form B's, Incident Report etc. Representation from the Metropolitan Police

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and Designated Nurse from CCG attend our Safeguarding Committee Meetings. Prevent trainer attends multi agency Prevent meetings.

*Workstream E, Learning from Incidents, SI's, SCR's, Complaints, Reports and Publications. Status: Open*

- 14.11 E1. There are a number of actions for the Trust from the Winterbourne View, Serious Care Review recommendations. These will be detailed in full in the Adult Safeguarding Action Plan and include;
- E.1.1 Review contracts of employment and make whistle blowing a condition of employment. The Trust is currently considering how to proceed.
  - E1.2 Develop Easy Read complaints information. The Patient Experiences Department is currently in the process of developing on line easy read pages.
  - E1.3 Share Safeguarding alerts and regular callers/attendance at the same location with other organisations. This is probably the most difficult recommendation to achieve, as it does not only require a change in the internal processes but will also involve agreement with other organisations or thresholds and processes for providing this information.
- 14.12 E2. An Incident Sub Group of the Safeguarding Committee has been set up to look at incidents in more detail and ensure actions are being followed up.

## 15 Learning Disability

- 15.1 The Trust has been extremely successful in its work with learning disabilities. A self assessment, led by the SHA, was undertaken during 2011-2012 and the outcome for the Trust was extremely positive with evidence that the Trust prioritises learning disability. The recent patient story at Trust Board is an example of the evidence produced. Again the Trust's action plan is divided into work streams. The Committee has just completed all outstanding actions. The committee will not be meeting for another year.

## 16 Mental Health

- 16.1 The Mental Health CPI which was developed in collaboration with the Trust's clinical leads in mental health and launched on the 1 April 2012 has been successful. Although completion rates are still not as high as the Trust would expect, it is hoped that this is because it is a new CPI and as staff become more familiar with it, completion rates should rise. A strategy was being developed to improve compliance rates with this CPI.
- 16.2 One of the recommendations which came out of the clinical audit of the care given to patients with a suspected or diagnosed mental health disorder by the Trust was that the Trust should provide training to ambulance crews

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so that they are familiar with the definition of the term 'neglect' and of a 'vulnerable adult' included in the Trust's procedure document 'TP-019 Suspected Abuse of Vulnerable Adults Procedure'. This training should educate crews to consider safeguarding when attending a patient with a mental health disorder and the procedures surrounding the completion of a safeguarding referral. As the CSR 3 could not be delivered, a decision was made to extend the current CSR2 hours with 1.5 hours on mental health. The added bits include the MH CPI consideration of a safeguarding referral.

- 16.3 A full update is reported in the Trust's Annual Mental Health Report 2012-2013.

## 17 Prevent

- 17.1 Prevent is one of the strands of the Government's counter-terrorism strategy, CONTEST. The PREVENT strand seeks to stop people from becoming terrorists or supporting terrorism.
- 17.2 The revised PREVENT strategy was released in 2011, and aimed to incorporate all of the partner organisations that could potentially influence radicalisation in the community. 16 of the 31 boroughs in London were identified as high priority in the new strategy, showing the importance of all London Health organisations in the overall delivery of the plan.
- 17.3 The health Workshop for Raising Awareness of Prevent (WRAP) training is currently delivered by one of the Emergency Planning Resilience Officers in the trust, and is designed to illustrate the correct methods for raising concerns about individuals in the pre-criminal space, who are at risk from radicalisation.
- 17.4 The training has been provided to 30 staff across the trust, mostly in Central Operations and Emergency Preparedness, although the intent is that this training will be provided to all operational staff.

## 18 Multi-Agency Risk Assessment Conferences

- 18.1 Looking ahead to 2013/2014 the requirements of MARAC will be introduced. Multi-Agency Risk Assessment Conferences (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 MARAC, a risk focused, 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.
- 18.2 Clearly our role in such cases is limited but is not insignificant. So far the Trust has successfully negotiated the acceptance of not attending the conferences (unless specifically required to do so) but the Trust is obligated

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to share the information it holds in a similar way to undertaking an Independent Management Review.

- 18.3 However, the Trust is approaching a first wave pilot to test the processes and as the “go live” approaches the true commitment and numbers of information requests is emerging.
- Domestic violence is the leading cause of morbidity for woman aged 19-44 – greater than cancer, war and motor vehicle accidents.
  - In England and Wales, two women a week die at the hands of their domestic violence abuser.
  - Home office figures published in February 2008 reveal that thirty three children were murdered by their parents in the previous year.
  - Amongst a group of pregnant women attending primary care in East London, 5% reported that domestic abuse had at sometime in the past caused them to miscarry.
- 18.4 It takes about 20 minutes to complete a request (this has been tested by MI with a few case studies). The numbers of information requests are expected to be approximately 693 a month. This is based on the fact that the national MARAC figures for last year were 55,489 cases. The Trust is currently considering its options for this.

## 19 Saville Inquiry

- 19.1 The Trust received a letter from Sir David Nicholson asking each Trust to consider the implications of the Saville enquiry for each organisation.
- 19.2 The Trust has conducted a review and this is found in Appendix II. The overview has shown that overall the Trust is in a position to provide good assurance those policies and procedures are in place to protect Adults at risk and Children. Some further more specific detailed work on policies in relation to MOUs/ Volunteer credentials may be required to provide evidential assurance that robust procedures are in place for all staff, volunteers and visitors to the Trust

## 20 Summary

- 20.1 Overall a self assessment reveals that the Trust is compliant with CQC standards for Safeguarding.
- 20.2 The Safeguarding portfolio has significantly strengthened during the course of the year. The scorecard is embedded into the work of the committee and appears as a RAG rated measure on the Trusts Quality Dashboard.
- 20.3 The Indicators within the scorecard are demonstrating improvements during the course of the year.

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- 20.4 All four Action Plans are progressing very well but the need to establish the committee for Vulnerable & Disadvantaged Groups would help strengthen external scrutiny.
- 20.5 There is a gap within level 1 safeguarding training and the Trust needs to complete its annual section 11 audit.
- 20.6 The trust needs to focus more attention on Prevent and ensure it has a well understood process for referrals.
- 20.7 MARAC requirements need careful consideration.



## **Safeguarding**

### **Appendix I**

#### **Safeguarding Balance Scorecard**



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**Appendix II**  
**Saville Review**

## **Safeguarding**

### **1. INTRODUCTION**

The purpose of this review is to provide the Executive Management Team and Trust Board with an overview of the letter received 13<sup>th</sup> November 2012 from the Chief Executive of the NHS in respect of the 'Saville allegations'. It will provide an overview of the Trusts processes and highlight any implications for LAS and how these may be addressed via current or planned initiatives in order to provide assurance that our policies and procedures are robust.

### **2. BACKGROUND**

A letter from Sir David Nicholson, NHS Chief Executive was sent to all Chairs and Chief Executives of NHS Trusts and Foundation Trusts in England on the 12<sup>th</sup> November 2012.

This letter is in relation to the 'Saville Allegations'. In this letter it states that "The Secretary of State has appointed Kate Lampard, a Barrister and Vice Chair of NHS South of England, to provide assurance that the Department and the relevant NHS Organisations are following a robust process aimed at protecting the interests of patients. She will also look, as part of that work, at NHS wide procedures, in the light of the findings of the review, to see whether they need tightening. When this work has concluded the DOH will share any learning relevant for the wider system across the Service as a whole".

The letter also states "In the meantime Trusts are asked to take this opportunity to review, with your Boards, and working as necessary with local agencies, your own arrangements and practices relating to Vulnerable people, particularly in relation to: safeguarding: access to patients (including that afforded volunteers or celebrities: and listening to and acting on patient concerns".

The Trust's review considered these arrangements as reassurance to the EMT and the Trust Board that LAS continues to meet the needs of its patients and prioritise the provision of a safe environment for their care.

Due to the timing of this request and the urgency of the response required, a high level overview was undertaken. It is anticipated however, that the results of this will require continuous review of the Trusts policies and procedures.

### **3. CURRENT SITUATION**

#### **Safeguarding**

The Safeguarding Children and Young People and Safeguarding Adults at Risk Policies have just been reviewed. These policies take into account the national and local best practice as well as DH guidance and legal frameworks.

London Ambulance Service (LAS) now has robust procedures in place for referring of at risk persons who come to the Trust's notice which is supported by a dedicated Safeguarding Team. All frontline LAS staff are trained in safeguarding as well as managers, corporate staff, control staff, PTS, EBS and PED. This is updated as part of the mandatory training programme ensuring that the latest learning and guidance is known and understood.

## Safeguarding

Any concerns regarding a person who may be at risk can be raised in confidence and are passed to Children or Adults Social Care for further action via the Emergency Bed Service (EBS). These may be patients in our care, relatives, staff, or patients in other healthcare organisations that we observe. Monthly safeguarding indicators highlight good quality standards of referral, Incident management is monitored and reported through the appropriate committees.

### **Assurance – High**

#### **Access to Patients**

**LAS Staff:** Due to the nature of Pre-hospital care all LAS staff (including students) who are in contact with or deal with patients and/or their personal information are checked to ensure that they do not pose a risk to the patients in their care. Enhanced CRB checks have been standard practice for all new patient facing staff including PTS, EOC, and Safeguarding staff. Enhanced CRB checks have also been carried out on all existing operational staff. HR have policies in place which address the actions to be carried out if the check identifies a staff member or potential staff member who has been or on the sex offenders list or may have been subject to other convictions which may cause concern.

CRBs are only as good as the day they are undertaken and there is an obligation on staff to inform the Trust of any issues/ concerns they have or where this information has changed. Governing bodies ie HCPC, CIPD, of registered professionals have also codes of conduct which staff must adhere to as part of their registration.

**Impact and Actions for LAS:** The impact of the new DBS procedure is under review to ensure that the integrity of LAS checking processes is maintained.

### **Assurance - High**

**Community First Responders:** Since 2011 recruitment for our volunteers follows the NHS standards of employment – in essence they follow the same selection and recruitment process as any member of staff joining LAS. These include the enhanced CRB check.

Volunteers that provide training –such as “Heartstart UK” courses attend schools and various public events delivering the course. They cannot attend schools unless they have the enhanced CRB and should at all times be supervised by teachers.

The Community First Responders (CFR) managers are actively updating CRBs as these may have been done many years previous.

There is also a “duty of care” rule which stops CFRs attending Children under the age of 12yrs (current age limit is under review). With the introduction of the CFR desk and new structure this has stopped ECCs from sending CFRs to inappropriate calls. The CFR code set has been approved and implemented through the formal LAS system, any changes to code sets must now go through this formal sign off procedure. This ensures that we have robust governance and management arrangement in place in order to safeguard the patient, the trust and the responder.

## **Safeguarding**

**Impact and actions for LAS:** It is recommended that the Trust supports the recommendation that all volunteers must subscribe to the DBS update service and agree to the LAS accessing their updated records on a regular basis

### ***Assurance – High***

***Volunteer Car Service (VCS) and Taxi Service:*** The current Taxi Contracts are currently in their final version and specifically include safeguarding. All contracted taxi drivers and volunteer car drivers are CRB checked. With the VCS this is a requirement, alongside production of satisfactory insurance documentation prior to us using them. With the taxi companies it is a requirement of their registration with the relevant authority for their license.

### ***Assurance – High***

***Volunteer Aid Societies (St John/ Red Cross etc.):*** Across the Trust each of the areas Volunteer Aid Societies have Memorandums of Understanding (MOU) or Service Level Agreements (SLA) with LAS. In these documents it stipulates that they come under the CQC regulated activities of care and must meet the same standards as the Host Trust. They will be adequately trained and qualified, insured and ‘will conduct ambulance support work in line with all procedures related to regulated additional requirements’. There is no specific mention however in the examples seen how the staff are recruited and what checks are made prior to them joining the VAS.

**Impact and actions for LAS:** Clarification and confirmation required should be documented as part of the MOU review process.

### ***Assurance – High***

***Air Ambulance:*** Paramedics on the Air Ambulances are registered with the HCPC and appropriate DBS checks are made as part of recruitment. The Paramedics on the London Air Ambulance are part of LAS staff and are included in our CRB procedures. The London Air Ambulance are self governed however under their MOU with ourselves they will also have to confirm that their medical staff are ‘cleared’ to care for patients to our standards.  
*\*What about HEMS observers?*

**Impact and actions for LAS:** Clarification and confirmation required should be documented as part of the MOU review process.

### ***Assurance - High***

***Volunteers/ Others/ Celebrities:*** On occasion others may be spending time within the Trust. These may be out with the crews ie Student Nurses, Fire-fighters, Military Medics, Paramedic students. All these would require authorisation from their own organisation and it would be expected that these staff already undertake the relevant checks as part of their role. The organisation would have an obligation to tell LAS of any issues they may have as part of any contract/MOU we may have with them.

## Safeguarding

The Trust also has several School placement students in the Trust each year on work experience. Due to the age of the student they do not go out on to PES however can go out on PTS and also have been in Control Centres/ Support Centres/ PTS Planning. It should be normal practice that the schools and students are written to explaining the confidential nature of the work we undertake and the sensitive information they may see.

**Impact and actions for LAS:** Policy to be reviewed to ensure this is specific in relation to obligations from other organisations and that the relevant checks are carried out and confirmed before they come to work with the Trust. Ensure that this covers all groups including celebrities and 'others.'

### ***Assurance - Limited***

**Listening and Acting on Patient Concerns:** LAS has good systems and policies in place in respect of listening to Patients. Lots of work has been undertaken to ensure that all groups of patients are listened to as part of the LAS Communications Strategy and PPE Team. This include patient feedback questionnaires, forums etc. Complaints and allegations against our staff are taken very seriously and are fully investigated. These may come in via a complaint, external incident, Safeguarding concern, whistleblowing etc. A thorough non-judgemental investigation is undertaken and appropriate action taken where necessary including; potential suspension whilst the investigation is undertaken, disciplinary action, and police involvement if necessary. If a Paramedic was found to have allegations against them upheld they would also be referred to the HCPC for further investigation and potential removal of their registration.

**Impact and actions for LAS:** Trust Policies need to have more structured procedures documented specifically in relation to informing LADO (local Authority Designated Officer) for managing allegations against children and Safeguarding Adult Manager

### **Assurance - High**

It is anticipated that the results of this will require a further review of the Trusts policies and procedures and some additional recommendations and actions may be identified.

Any actions and recommendations following this review will be added to the relevant Directorates action plans for 2013 – 2014 and monitored via the Safeguarding action plan through the CGMG.

## **4. LEGAL IMPLICATIONS**

There are associated legal implications for the Board in non-compliance of these obligations. These are referenced in common law, local and national guidance and include:

- No Secrets 2008
- Mental Capacity Act 2005,
- MCA 2005 Deprivation of Liberty Safeguards: Codes of Practice 2008
- Independent Safeguarding Authority 2006: Legislative updates 2009
- Health & Social Care Act 2008 (Registration Requirements)
- Care Quality Commission's Registration Outcome 7

## **Safeguarding**

- Working together 2010
- Children Act 1989 / 2004
- Protection of Freedom Act 2012

Should the Trust become exposed to non-compliance, the legal implications would and could include:

1. Regulatory actions taken against the Trust arising from non or unsatisfactory activities to safeguard and promote the welfare of adults and Children;
2. Adverse Public Enquiries through the inability to participate in serious case reviews.

### **5. CONCLUSION**

This brief overview has shown that overall the Trust is in a position to provide good assurance those policies and procedures are in place to protect Adults at risk and Children. Some further more specific detailed work on policies in relation to MOUs/ Volunteer credentials may be required to provide evidential assurance that robust procedures are in place for all staff, volunteers and visitors to the Trust.