



Annual Safeguarding Report 2013/14

1.0 Introduction & Background

- 1.1 This report details the Safeguarding work that has been undertaken in the past year and provides assurance to the board on our compliance with statutory legislation. In addition to this report the Safeguarding team provide a quarterly report on safeguarding activity and training within the Trust which is shared both internally with managers and externally with safeguarding partners.
- 1.2 There have been significant changes arising from the Munro review, the Kennedy report, the Health and Social Care Act and a number of subsequent publications have also been made. This has resulted in a revision of Working Together, as well as a new accountability and assurance framework for the NHS in England. The following section outlines the main points from these publications.

PUBLICATIONS

- Document 1: Working Together to Safeguard Children (2013).*
- 1.3 This document outlines what is expected of individual organisations. This contains the statutory elements and these have been clarified as follows;
- a clear line of accountability and governance within and across organisations for the commissioning and provision of services designed to safeguard and promote the welfare of children;
 - a board-level lead to take senior leadership responsibility for the organisation's safeguarding arrangements;
 - a culture of listening to and engaging in dialogue with children and taking account of their wishes and feelings both in individual decisions and the establishment or development and improvement of services;
 - arrangements to share relevant information;
 - a designated professional lead (or, for health provider organisations, a named professional) for safeguarding. Their role is to support other professionals in their agencies to recognise and respond to the possible abuse and neglect of a child or young person; and
 - appropriate supervision and support for staff, including undertaking safeguarding training;

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- NHS Trusts and NHS Foundation Trusts to be members of their Local Safeguarding Boards in their local authority area;

1.4 We believe we are compliant with all these salient points and the spirit of Working Together.

Document 2; Safeguarding children and young people: roles and competences for health care staff. Intercollegiate document third edition (March 2014).

This document provides a competence framework and minimum training requirements.

1.5 The document describes six levels of competences that enable staff to effectively safeguard, protect and promote the welfare of children and young people. These have been revised in light of policy developments, including the Laming Review. Further reviews across the UK have also reinforced the need to further improve the safeguarding skills and understanding of health staff, and improve access to safeguarding training.

- It states the need for all NHS staff to receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance.
- Those who use the services are safeguarded and that staff are suitably skilled and supported. This includes private healthcare and voluntary sector providers.
- The Trust has a duty to ensure that all health staff have access to appropriate safeguarding training, learning opportunities, and support to facilitate their understanding of the clinical aspects of child welfare and information sharing.
- The document outlines the frequency and amount of training time that should be allocated to safeguarding training.

1.6 We have improved our position in training and now have level 1 training in place for all Trust staff. Level 2 training is for all clinical staff and we deliver beyond the minimum requirements. Level 3 training is recommencing in 2014/15. We expect to be compliant by the end of 2014/15.

Document 3: Statutory Guidance on Learning and Improvement:

This document proposes new arrangements for Serious Case Reviews of children. This piece of guidance outlines the role of the Serious Case Review and moves this process to the very centre of learning and analysis.

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- 1.7 In addition to the changes being made following the Munroe review there are changes taking place regarding the commissioning of Safeguarding. Clarity on safeguarding arrangements have now emerged and it now appears that Safeguarding will form part of the responsibilities for the Directors of Public Health and they will need to work closely with Clinical Commissioning Groups.
- 1.8 The Clinical Commissioning Groups will need to identify a lead for children and young people and will take the lead for commissioning safeguarding. They will be required to assure themselves that their provider organisations are adhering to best standards. These standards include;
- Present to their Board regular performance and activity reports as well as an annual report on safeguarding children that is published as a public document
 - Make public declarations of safeguarding children arrangements posted on its website and updated every 12 months
 - Participate in section 11 audits
 - Submit a complete performance monitoring dashboard or other performance management data to Clinical Commissioning group on a quarterly basis (or as agreed locally)
 - Provide assurance of CQC registration
 - Compliance with any DH, CQC, NHS London or successor organisations requirements to make performance management information publicly available
 - Inform designated professionals about any requirements imposed on them by the CQC
 - Provide the designated professionals with any details of any referrals of allegations against staff to the Local Area Designated Officer (LADO)
 - Be able to demonstrate evidence of working towards meeting standard 5 of the Children's National Service Framework (Safeguarding and Promoting the Welfare of Children and Young People).
 - Undertake regular audits
 - Demonstrate they have acted on recommendations from Internal Management Reviews, Serious Case Reviews and national enquiries.
 - Ensure regular research based on safeguarding children supervision is provided for staff who have contact with children and young people.
 - Contribute as required to the LSCB annual report.
- 1.9 We believe we are compliant with the expectations of this statutory guidance. This currently only applies to children but the new Social Care Bill will make this mandatory for adults in the near future.

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NHS responsibilities for Safeguarding Adults at Risk

There has been considerably less documentation and guidance governing the safeguarding of adults but essentially the emerging methodology mirrors that of children. We are currently awaiting the Social and Care Bill to progress through parliament, which will put adults on a similar footing to children this is expected in May 2015.

- 1.10 Whilst we are waiting for the guidance we have been moving our adult safeguarding work to align with our children work. In response to the significant rise in the numbers of 'vulnerable adult' referrals being made by the Trust to local authority Social Services, a review was undertaken of all aspects of this process including; how those concerns are reported and processed and how The Trust's relationships with local authority department can be developed to ensure best practice in the care and protection of vulnerable children and adults.
- 1.11 This review found that mostly all the referrals were appropriate either as a Safeguarding or welfare referrals. The quality of some of the referrals were a concern and it is hoped this will be improved with the introduction of a new referral form and the progression to a telephone referral system.
- 1.12 We expect to be compliant with the Social Care Bill's recommendations.

Safeguarding Adults; the Role of Health Service Managers & their Boards (2011 but still the guidance used today).

Published in 2011 and in keeping with the Government's approach to decentralisation and local flexibility, this document does not prescribe processes or targets. However, the Government has agreed safeguarding principles that can provide a foundation for achieving good outcomes for patients.

- 1.13 On the whole the guidance follows a similar pathway to the guidance governing children. There are six fundamental principles underpinning the safeguarding of adults. These are;
 - Use the safeguarding principles to shape strategic and operational safeguarding arrangements
 - Set safeguarding adults within the services' strategic objectives
 - Use integrated governance systems and processes to prevent abuse occurring and respond effectively where harm does occur
 - Work with the local Safeguarding Adults Board, patients and community partners to create safeguards for patients.
 - Provide leadership to safeguard adults

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- Ensure accountability and use learning within the service and the partnership to bring about improvement

1.14 We believe we are compliant with these recommendations.

CONCLUSION of GUIDANCE

How is the London Ambulance Service responding to Safeguarding?

- 1.15 The new guidance has not made any specific demands on the Trust to change the way it undertakes safeguarding. The increasing demands means that the resource dedicated to safeguarding has to prioritise the workload and the priority is always given to safety.
- 1.16 During the year we combined the two part time safeguarding posts into a single full time role (there was no loss in resource) giving us a single lead for safeguarding.
- 1.17 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 our improvement work; these are mental illness and learning disabilities. We are undertaking an audit of mental health/self harm referrals in the coming months.

2.0 Safeguarding Arrangements

- 2.1 The safeguarding committee drives the Trusts' 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 Nursing & Quality
 - Head of Safeguarding Alan Taylor
 - Safeguarding Officer: Dawn Mountier
 - Lead for referrals: Alan Hay, Emergency Bed Services Manager
 - Lead for mental health: Kudakwami Dimbi, Clinical Advisor
 - Training Lead for Prevent: David Williams, Emergency Planning Advisor
- 2.3 There are a number of roles at station level that have a specific remit in leading, championing or managing safeguarding for the Trust as well as

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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 other meeting. The Clinical Quality, Safety, and Effectiveness Committee reports safeguarding to the Quality Committee.
- 3.2 The Safeguarding Committee oversees the implementation of the action plan and monitors the safeguarding dashboard. It also considers new guidance, developments and lessons arising from Serious case Reviews. This committee has external representation and patient representation.
- 3.3 The Trust has an obligation to inform the Local Authority Designated Officer of concerns or allegations regarding the Trust's staff in relation to children and the Safeguarding Adult Manager where the concern relates to adults. This has occurred on two occasions during 2013-2014.

PARTNERSHIP WORKING

- 3.4 It is a statutory requirement for the Trust to attend Local Safeguarding Children Boards. The Director of Nursing & Quality is a member of the Tri Borough Safeguarding Board. Locally, at individual complex level, attendance at Local Safeguarding Children Boards and Safeguarding Adults Board has improved. The Head of Safeguarding receives feedback from local leads on attendance and local safeguarding issues. Attendance at meetings and local engagement is recorded in the activity report. The Head of Safeguarding has also attended the London Safeguarding Adults Chairs meeting and the London Safeguarding Adults Network to improve engagement with partners.
- 3.5 Partnership working during 2013-14 (see Appendix II).

4.0 Education & Training

- 4.1 Education requirements are broken into Level 1-5 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.

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Level 1 Training

- 4.2 This training via induction and an on-line package began in February 2013. Training numbers are being monitored by the safeguarding committee, however, as a training database is still not available accurate reporting on those who have completed the training is limited.

Level 2 Training

- 4.3 This training is given to all of the Trust's clinical staff who come into contact with patient's either face to face or over the phone and this has been the Trust's priority.
- 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.
- 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 on going 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 (PTS), Taxis and Emergency Operations Staff. This has been addressed and training and/or guidance approved for some of these groups. Training for PTS staff is still outstanding. 111 level 2 and 3 training also needs to be developed further and included in the Trust's reporting.
- 4.7 In 2013-2014 174 Trust staff undertook the level one e learning safeguarding training and 373 had level one on induction course. This is 15.7% of non-patient contact staff within the Trust.
- 4.8 In 2013-2014 3296 79.2% of the Trust's staff who require level 2 received training

Level 3 Training

- 4.9 This training is for those within the Trust who are involved in contributing to assessing, planning, evaluating the needs of a child. These are namely Local Safeguarding Champions, EBS, and Clinical Hub staff. This training is delivered by the Named Professional (Head of Safeguarding) and external partners.

Level 4 Training

- 4.10 Is for specialist roles, named professional this training is accessed externally from the Trust.

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Level 5 Training

- 4.11 Is for the designated professional for the Trust which is The Director of Nursing and Quality. This training is accessed externally and through links with safeguarding boards.

Board Level Training

- 4.12 The intercollegiate document (March 2014) Safeguarding children and young people: roles and competences for health care staff, states the standards of training for all levels including the Trust Board. The Trust Board should undertake level 1 training, and receive additional bespoke training on their roles and responsibilities.
- 4.13 The Trust board received training from the Designated Nurse in Jan 2013 and will receive additional training from the Head of Safeguarding during 2014.

5.0 Raising Awareness

- 5.1 One important aspect of Safeguarding is the need to raise awareness and a number of events and processes have taken place this year.
- 5.2 We held our first Safeguarding conference in June 2013 for staff from all levels of the service this was attended by 120 guests. Presentations were given by both external and internal speakers.
- 5.3 We have also produced a pocket Safeguarding guide book for all front line staff which is being rolled out across the Trust in June.
- 5.4 We also produce quarterly safeguarding bulletins as well as articles in the Clinical Newsletter.

6.0 Audit

- 6.1 The Trust Section 11 audit has been completed for 2013/14. This audit is essentially a self-assessment against the eight standards associated with safeguarding practice and is published on our website. We recognise whilst there is always more that can be done were compliant in all the standards and the assessment was seen by our commissioners. The eight standards are as follows;
- STANDARD 1 – senior management commitment to the importance of safeguarding and promoting children’s welfare
 - STANDARD 2 – A clear statement of the agency’s responsibility towards children is available to all staff
 - STANDARD 3 – A clear line of accountability within the organisation for work on safeguarding and promoting welfare
 - STANDARD 4 – Service development takes into account the need to

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- safeguard and promote welfare and is informed, where appropriate, by the views of children & families
 - STANDARD 5 – Training on safeguarding & promoting the welfare of children for all staff working with or, depending on the agency's primary functions, in contact with children & families
 - STANDARD 6 – Safer recruitment procedures including vetting procedures and those for managing allegations are in place
 - STANDARD 7 - Effective inter-agency working to safeguard & promote the welfare of children
 - STANDARD 8 – Effective information sharing
- 6.2 The Trusts Safeguarding Adults at Risk Audit Tool was completed in April 2014 and is being shared with NHS England and the Tri Borough Safeguarding Adults Board for scrutiny and is published on our website.
- 6.3 This audit is structured differently to the Section 11 Audit. The areas identified as needing improvement were;
- Your organisation takes steps to ensure that information is obtained from staff about their experience of working in the service, including the practice of exit interviews. This information is used by the organisation to make improvements.
 - Your organisation can demonstrate active engagement with raising alerts and multi agency partnership working for Prevent, including supporting the Channel process.
 - Your organisation takes steps to ensure that information is obtained from individuals who use your service about what outcomes they wish from the safeguarding process and whether they have received this.
- 6.4 The necessary actions will be incorporated into the action plan.
- 6.5 The Trust was peer reviewed by representatives from the National Ambulance Safeguarding Group at the request of QGARD in June 2013. It produced approximately 20 recommendations many of which have already been implemented. The Trust is currently considering the outstanding recommendations and has prioritised them accordingly.

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 children and adults
 - The Safeguarding Committee has representation from Operations

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- The Trust has an external member from the Metropolitan police.
- A quarterly Safeguarding report is shared with leads within the Trust and partner agencies.

8.0 Supervision

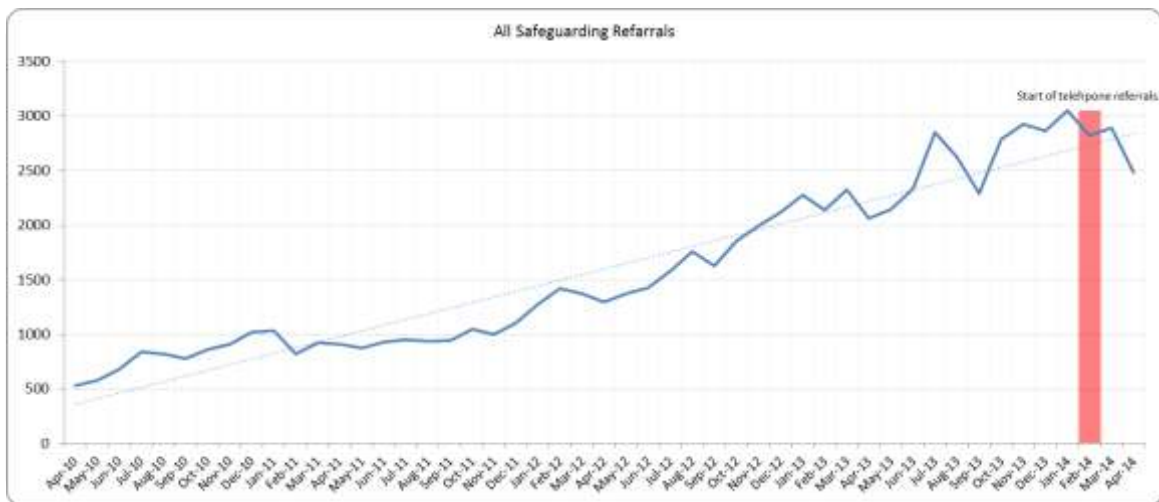
- 8.1 The main vehicle for providing supervision is through the Operational Work place Reviews (OWR). These include Safeguarding elements and give an opportunity for Team Leaders to assess knowledge and awareness of safeguarding issues and the understanding of the policies and processes in place during an observational shift with frontline staff. It is recognised that in the past year OWR activity has been below the expected levels. The safeguarding team are currently considering how best to support staff and provide supervision with a review of all safeguarding supervision being undertaken during 2013-14.
- 8.2 Formal safeguarding supervision is being delivered for EBS, Clinical Hub and Local Safeguarding representatives. This is offered through group sessions quarterly at present.
- 8.3 Safeguarding supervision is provided for staff that 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. The reasons for the increase are various but basically boil down to training, effective leadership of the Safeguarding agenda at 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 There is some evidence that a small downturn in referral volumes is associated with the commencement of the telephone referral trial, although this is in part due to an underlying drop in the total number of incidents the Trust attended during this period. Referrals as a % of incidents remains high at around 2.9%

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Figure 1: Total Safeguarding and Welfare Referrals 2010-2014



- 9.4 Delay in referral has again improved, and now only around 1% of referrals are delayed significantly, down from 3.5% last year and 6% the previous year. It seems reasonable at this point to say that any risk directly associated with this is effectively mitigated.
- 9.5 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. The Trust redesigned the referral form to include a feedback page for social services this has had a limited impact on feedback numbers. The Head of Safeguarding has raised the issue at Pan London meetings and work in this area is ongoing. We are exploring if a pilot project in the Tri Borough (where the Director of Nursing & Quality is a member) will help identify a more workable process. It is worth noting that other contributors, such as education, also receive poor feedback. We believe this is essentially capacity based rather than any lack of process but we will continue to try and improve this..
- 9.6 The main development this year has been the commencement of the telephone referral trial for Children and non-conveyed adults. Interim informal evaluation suggests this has been broadly successful with an increase in quality, legibility and uniformity of referrals and a considerable saving in Vehicle Off Road. There remain however complex questions to answer as to how this would be rolled out across the Trust permanently, as it would require a considerable investment in the Emergency Bed Services call-handling capacity.
- 9.7 The dataset for the referral of both adults and children has been thoroughly overhauled. We are now far better able to report against both protected characteristics and also types of referral.

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10.0 Incidents

- 10.0 The Safeguarding Officer works with external agencies such as local authorities and other Trust departments, in order to ensure that the Trust is compliant with its statutory responsibilities set out in the Children Act 2004 and duties under the No Secrets guidance.
- 10.1 Of the 1099 enquires that were dealt with in 2013-2014, 480 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 the completion of a review form known as "Form B".
- 10.2 11 of these progressed to be Serious Case Reviews and 7 Domestic Homicide Reviews. Two 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 2 Serious Incidents involving unexpected child death with a safeguarding element in 2013-14.

Incident 1. In 2013 a call was answered in the Emergency Operations Centre by the brother of a patient. Whilst the call was correctly triaged there were concerns that the call handler did not speak to the mother or the patient. This case was de-escalated on considering the findings of the investigation.

Incident 2. In 2013 we received a call regarding a person in a fight, police attended and gave first aid. The patient did not want to go to hospital and made his way to a friend's house the patient subsequently died. . This case is still on-going.

12.0 Employment Practice

- 12.1 All appropriate Trust employees have undergone a VBS check. The Trust undertakes an enhanced VBS check on appropriate recruitment and relevant role changes.
- 12.2 The Trust needs to develop guidance on how to manage concerns regarding employees. Guidance is available from the London procedures but this need to be incorporated into our own Safeguarding Practice and a policy is being developed at the present time
- 12.3 As a result of recommendation from the Winterbourne View Serious Case Review attention is drawn to Whistle Blowing as part of the employment process.

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13.0 Safeguarding Action Plans

- 13.1 The implementation of the safeguarding action plans is monitored by the Trust's Safeguarding Committee. This is divided into a number of work streams. All work streams are progressing well; the exceptions and highlights are reported below.

CHILDREN

Partnership Working.

- 13.2 Local representatives across London attend LSCB meetings. Data on level of engagement is attached (see Appendix II).
- 13.3 We still have work to do in ensuring consistency of local engagement taking place and this is a key area of focus for the Head of Safeguarding. Therefore this remains open on the action plan.

Education and Development.

- 13.4 Training undertaken as detailed in the previous training section of this report. (See dashboard in Appendix I).
- 13.5 Currently the Trust does not have the ability to easily capture data for all training undertaken for both clinical and non-clinical staff.

Supervision. (Commissioned Standards & CQC)

- 13.6 Safeguarding supervision is currently not embedded in all clinical roles. Supervision of clinical staff is through OWR but these were not consistently undertaken across the year but there has been a renewed focus in 2014/15.

Employment Practice.

- 13.7 Clarity is being sought on whether the Trust should meet the three year expectation to undertake DBS checks three yearly.
- 13.8 The development of a policy and procedure on managing allegations against staff is almost complete.

Procedures and Guidance

- 13.9 The Trust policy on conveyance in under 18yrs is not consistent with national policy. Current LAS policy is based on coroner's instructions. The Trust is currently in discussion with coroners in relation to our non-compliance with national policy.

Audit. (Commissioned Standards, CQC & SIT visit)

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

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- 13.11 There are plans in place to undertake an audit of referrals for Children who self-harm this year.

Unable to assure that the current taxi contract accommodates the guidelines for regulated activity

- 13.12 Taxi contracts now have Safeguarding included.

Learning from Serious Case Review Recommendations

- 13.13 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.
- 13.14 Children & Young People's Health Outcomes Forum 2013. Have two recommendations for the LAS to consider.
- Demonstrate how we have listened to the voice of children and young people and how this will improve their outcomes.
 - All data about children and young are presented in 5 year age bands through childhood and teenage years. This will allow comparisons of outcomes.

ADULTS

Safeguarding Adults and Assurance Framework

- 13.15 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.
- 13.16 Areas for improvement include partnership working, improving transparency, contracts and procurement, all of which are included in the action plan for development. Although this is not validated externally (although it is submitted to the Tri Borough Safeguarding Board), it is indicative of the Trusts position and sets us on the right path for improvement given that the measurements are taken, in part, from the CQC Essential Standards for Quality and Safety.

Strategy and Planning

- 13.17 There is a Strategic Plan for Safeguarding Adults that includes Prevent (prevention of radicalisation training) 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 and is in the process of producing a Prevent policy.

Systems for prevention; responses; reporting & learning.

- 13.18 The Trust has a Safeguarding Adult policy and supporting procedures that are consistent with the local multi agency Safeguarding Adults procedures. The revised Adult policy was published in September 2013.

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13.19 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 and is in the process of agreeing a restriction and restraint policy.

13.20 Services can demonstrate patient/user led decisions about their Safeguarding and that interventions are person centred. Staff are trained on consent and safeguarding.

Workforce, culture and capability

13.21 The Trust's workforce has the capacity and capability to meet the needs of patients who may be at particular risk of harm and respond to safeguarding concerns. This is actively monitored through the safeguarding scorecard.

13.22 The organisation has an approved Prevent Trainer and sessions are delivered to selected staff. We have a plan to roll out prevent awareness/training which has been agreed with the commissioners. We are unlikely to meet the DH target for Prevent in 2015-2016 (all clinical staff to be Prevent trained).

Partnership & Collaborative working

13.23 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 has met with the chairs of Safeguarding Adults board (SAB). The Head of Safeguarding is also a member of the London Safeguarding Adults Network and the NHS England (London) Dignity and Capacity Group.

13.24 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, and Incident Report etc. Representation from the Metropolitan Police and Designated Nurse from CCG attend our Safeguarding Committee Meetings. Prevent trainer attends multi agency Prevent meetings. The Head of Safeguarding has also been involved with NHS England Female Genital Mutilation working group and the NW London Pressure Ulcer working Group.

Learning from Incidents, SI's, SCR's, Complaints, Reports and Publications

13.25 There are a number of actions for the Trust from the Winterbourne View, Serious Case Review recommendations.

- Review contracts of employment and make whistle blowing a condition of employment. The Trust has included whistle blowing in contracts from this year.

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- Develop Easy Read complaints information. The Patient Experiences Department is currently in the process of developing on line easy read pages.
- Share Safeguarding alerts and regular callers/attendance at the same location with other organisations. The Trust is now sharing data monthly on our attendance at care homes with Commissioners, Care Quality Commission and Social Services.

13.26 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.

14 Prevent

- 14.1 Prevent is one of the strands of the Governments counter-terrorism strategy, CONTEST. The PREVENT strand seeks to stop people from becoming terrorists or supporting terrorism.
- 14.2 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.
- 14.3 The health Workshop for Raising Awareness of Prevent (WRAP) training is currently delivered by one of the Emergency Planning Advisors 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.
- 14.4 The NHS requirement is that all Trust staff should be trained by a Health Wrap Trainer in PREVENT. The training is approximately 1 ½ to 2hours long the LAS has one Health Wrap Trainer.

As a result for 2014-15 the commissioners have agreed a phased Prevent awareness for Trust staff. This consists of:

- All staff receiving a information sheet on prevent with payslips
- Including 5 minutes on Prevent in Trust induction programme
- Adding 10 minutes to Safeguarding session in CSR for Prevent
- Continuing to provide full Prevent course on Operational Commanders Courses.

The Trust is currently in the process of writing a Prevent strategy and this work is led by EPPR Department.

- 14.5 The full training has been provided to 153 members of staff on two Operational Commanders courses and one Apprentice Paramedic course at the time of the report. The intent is that this training will be provided on all commanders courses, and will be incorporated as part of the Apprentice Paramedic programme.

Safeguarding

15 Multi-Agency Risk Assessment Conferences

- 15.1 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.
- 15.2 Clearly THE Trust's role in such cases is limited but is not insignificant. So far the Trust is successfully attending conferences for 5 London Boroughs. The Trust is obligated to share the information it holds in a similar way to undertaking an Independent Management Review.
- 15.3 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 (currently at approximately 100). This is based on the national MARAC figures for last year. The Trust is currently considering its options for this.

16 Summary

- 16.1 Overall a self-assessment reveals that the Trust is generally compliant with CQC standards for Safeguarding.
- 16.2 The Peer review provided areas for improvement that will continue to be explored.
- 16.3 The safeguarding team is working to capacity and the accommodation of MARAC is being added to the risk register.
- 16.4 Prevent training is a challenge and the Trust will need to regularly review its strategy.
- 16.5 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.
- 16.6 The Indicators within the scorecard are demonstrating improvements during the course of the year.
- 16.7 All Action Plans are progressing well.
- 16.8 The gap in level 1 safeguarding training has been managed and the Trust is beginning to ensure all staff are trained to the required standards.

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Appendix I

Safeguarding Balance Scorecard

COMPLEX	Adults Safeguarding	Adults Welfare	Children	TOTAL	Adults Feedback	Children Feedback	Total Feedback	Incidents	Referral % of Incidents	Delays	Delayed % of all Referrals	CSR Training Compliance	% of CSR Training Compliance	Mental Health (1 in 40 CPI Check %)
Brent	1179		237	1416	5	3	8	52100	2.72%	13	0.92%	26	18.4	320
Camden	1015		207	1222	5	2	7	51956	2.35%	19	1.55%	12	12.4	329
Friern Barnet	672		118	790	4	3	7	37473	2.11%	32	4.05%	20	19.3	263
Fulham	691		118	809	2	1	3	35583	2.27%	15	1.85%	14	12.9	340
Hanwell	1059		226	1285	8	8	16	38703	3.32%	19	1.48%	16	17.4	289
Hillingdon	692		138	830	5	5	10	41562	2.00%	7	0.84%	11	10.6	242
Isleworth	628		154	782	2	6	8	35304	2.22%	19	2.43%	8	7.4	232
Islington	191		41	232	1	2	3	0	0.00%	20	8.62%	6	8.6	0
Pinner	1011		270	1281	13	12	25	44574	2.87%	39	3.04%	24	21.6	473
WEST ^	7138	0	1509	8647	45	42	87	337255	2.56%	183	2.12%	137	128.6	2488
Chase Farm	424		121	545	1	10	11	25459	2.14%	3	0.55%	6	7.7	362
Edmonton	1439		339	1778	7	12	19	54118	3.29%	14	0.79%	36	24.4	283
Homerton	800		210	1010	2	15	17	49347	2.05%	64	6.34%	32	23.9	488
Newham	550		209	759	0	3	3	37329	2.03%	21	2.77%	23	22.5	373
Romford	804		305	1109	3	6	9	43539	2.55%	49	4.42%	15	12.8	461
Tower Hamlets	502		149	651	0	4	4	26373	2.47%	58	8.91%	19	27.3	488
Whipps Cross	1083		299	1382	7	26	33	65943	2.10%	24	1.74%	42	23.1	458
EAST ^	5602	0	1632	7234	20	76	96	302108	2.39%	233	3.22%	173	141.7	2913
Barnehurst	1380		253	1633	4	29	33	44994	3.63%	8	0.49%	25	18.7	273
Bromley	1055		261	1316	9	21	30	38260	3.44%	26	1.98%	28	23.3	499
Croydon	2002		603	2605	14	35	49	50679	5.14%	24	0.92%	32	21	370
Deptford	1547		286	1833	5	12	17	62720	2.92%	12	0.65%	18	21.4	367
Greenwich	1265		320	1585	7	35	42	47826	3.31%	17	1.07%	23	15.4	324
New Malden	892		174	1066	3	3	6	34093	3.13%	11	1.03%	2	2	426
Oval	240		51	291	3	2	5	10580	2.75%	24	8.25%	8	11.4	0
St Helier	1591		348	1939	6	13	19	42263	4.59%	21	1.08%	16	14	486
Waterloo	250		42	292	3	1	4	14623	2.00%	8	2.74%	20	26.7	0
Wimbledon	809		195	1004	2	3	5	28621	3.51%	8	0.80%	3	3.8	462
SOUTH ^	11031	0	2533	13564	56	154	210	374659	3.62%	159	1.17%	175	157.7	3207
CSD	9		13	22	0	3	3	0	0.00%	0	0.00%	0	0	0
CTA operator	40		23	63	0	0	0	0	0.00%	0	0.00%	0	0	0
EOC	96		65	161	1	3	4	0	0.00%	7	4.35%	45	364	0
Other	115		51	166	0	2	2	0	0.00%	11	6.63%	0	0	0
PRIVATE AMBULANCE	942		214	1156	3	5	8	0	0.00%	23	1.99%	0	0	0
St John	181		16	197	1	0	1	0	0.00%	1	0.51%	0	0	0
NULL	0		0	0	0	0	0	0	0.00%	0	0.00%	0	0	0
Unknown	328		109	437	2	4	6	0	0.00%	1	0.23%	0	0	0
#N/A				0			0		0.00%		0.00%			
TOTAL	25482	0	6165	31647	128	289	417	1014022	3.12%	618	1.95%	530	792	8608

Safeguarding

Appendix II

Local partnership engagement

Complex	CCG	No. Children Boards Attended	No. Adult Boards Attended	Other Meetings Attended (RRM, DHR, SCR's etc)	Training	Other Activities	MARAC
South East							
Barnehurst	Bexley	3	3	6	1	2	12
Bromley	Bromley	3	1	6	3	0	0
Deptford	Lambeth Lewisham Southwark	4	3	15	1	0	0
Greenwich	Greenwich	4	2	9	0	0	0
South West							
Croydon	Croydon	2	3	27	7	2	2
New Malden	Kingston Richmond	0	0	8	0	0	0
St Helier	Merton Sutton	0	8	9	0	0	0
Wimbledon	Wandsworth	0	0	1	0	1	0
East Central							
City & Hackney	Hackney	0	0	8	1	1	0
Newham	Newham	0	1	7	0	0	0
Silvertown	Tower Hamlets	0	4	6	0	0	0
Whipps Cross	Redbridge	0	5	10	2	9	0
North Central							
Camden	Camden	1	4	6	0	0	0
Chase Farm	Enfield	3	3	9	2	0	0
Edmonton	Haringey	4	4	3	0	3	1
Friern Barnet	Barnet	3	4	15	2	4	1
Islington	Islington	3	4	0	0	0	0
North East							
Romford	Barking &	0	0	6	1	1	0

Safeguarding

	Dagenham						
	Havering	0	0	2	0	0	0
Whipps Cross	Waltham Forest	0	0	2	0	0	0
North West							
Brent	Brent	2	4	6	2	1	0
Hillingdon	Hillingdon	2	1	8	1	0	0
Pinner	Harrow	3	4	12	1	0	0
West							
Fulham	Central London Hammersmith & Fulham West London	0	0	3	0	1	0
Hanwell	Ealing	1	0	9	0	0	0
Isleworth	Hounslow	1	0	0	0	0	0

