London Ambulance Service **NHS**

NHS Trust

Safeguarding Annual Report

2016-17

Care | Clinical Excellence | Commitment

Contents

Section number		Page Number

1. 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 Trust and 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 across the LAS during 2016-2017.

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 This report includes 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 detailed in the Care Act 2014 and 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 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.

1.7 The Counter Terrorism and Security Bill 2015. 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.

2.0   Governance Arrangements

2.1   There are clear lines of accountability within the Trust. Everyone has a responsibility to report safeguarding concerns. A flow chart on staff Safeguarding responsibilities has been published internally and can be found in Appendix One ; this shows responsibility throughout the Trust from Chief Executive and Trust Board to clinical and non-clinical staff.

2.2   The Trusts Chief Quality Officer is the designated accountable executive for safeguarding.

2.3   The Trust also has a Non-Executive with responsibility for Safeguarding scrutiny.

2.4   The Trust employs a Head of Safeguarding who is also the Prevent lead and Named Professional. This year the Trust has introduced two statutory posts, safeguarding specialists for children and for adults. The trust also has an Equality and Safeguarding Clinical Advisor.

2.5   The photo below shows members of the safeguarding team from left to right:- Dawn Mountier Safeguarding Officer, Ginika Nwafor-Iwundu -Safeguarding Specialist-Children, Julie Carpenter -Safeguarding Specialist-Adults, Alan Taylor-Head of Safeguarding, Annie Still- Safeguarding Supervision Project Manager, Ricky Lawrence- Equality and Safeguarding Clinical Advisor, Jessica Bochenek-Safeguarding Data Coordinator and Administrator.

2.6   Jaqualine Lindridge one of the Trusts consultant paramedics is the Trust's Mental Capacity Act (MCA) Lead

2.7   The Head of Safeguarding provides a safeguarding report to the Improving Patient Experiences Committee (IPEC) including minutes from the Safeguarding

Committee, progress against Serious Case Review (SCR), Safeguarding Adult Reviews (SAR), Safeguarding work plan, legislation and Trust safeguarding activity.

2.8   The IPEC reports to the Quality Governance Committee which is the Trust Board assurance group   of the Safeguarding Service.

2.9   The Trust has a Safeguarding Committee that meets every 2 months and is authorised by IPEC to ensure effective and high quality safeguarding practice within the Trust.

2.10   The Trust has a Safeguarding Work Plan which is reviewed by the Safeguarding Committee (See appendix two).

2.11   The Trust completed the Safeguarding Adult Risk Audit Tool (SARAT) in Feb 2017. This can be found on the Trust website and identified actions are included in the Adult Work Plan.

2.12   The SARAT found no Red areas and only 4 yellow areas which have been added to the work plan for 2017.

2.12   The Trust completed the Section 11 child self-assessment tool in February 2017. This can be found on the Trust website and identified actions are included in the Children Action Plan.

2.13   For 2017 the only outstanding area was the implementation of safeguarding supervision and this is covered by the safeguarding supervision project currently in progress across the Trust.

3.0   Policy and Procedures

3.1   The Safeguarding Adult policy has been updated to reflect new titles within the Trust and to strengthen the need to report incidents to the police where a potential crime has been committed.

3.2   The Safeguarding Children Policy has also been reviewed and updated to include current safeguarding issues and emerging themes, e.g. Female Genital Mutilation (FGM) and youth violence.

3.3   The Trust has a human resources (HR) policy for Managing Safeguarding Allegations Against Staff. This was supported with training to all HR staff and senior operations managers in April 2015.

3.4   The Trust has published two new safeguarding policies in 2016, one on Domestic Abuse and the other on Prevent which includes the support available to staff as well as patients.

3.5   The Trust has referral pathways and procedures in place to notify the London Fire Brigade of hoarding alerts and Women's Aid of domestic abuse cases with consent.

4 Safeguarding Risks

4.2 The safeguarding risks for the past year are detailed in the table 4.4.

4.3 The Safeguarding Committee reviews the safeguarding risks at the committee meeting.

4.4

Risk	Gross Rating	Current Rating	Target Rating	Open/ Closed	Mitigation/Evidence
There is a risk 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. This may impact on the care of vulnerable adults and children. Original Risk ID 426.	12	12	8	Open	Only admin support for 2 days a week insufficient to meet MARAC requirements. Light duties staff explored but unable to secure staff currently.
There is a risk that 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, which will impact on patient care. Original Risk ID 458	12	12	4	Open	Datix introduced. Escalation plan currently in development
There is a risk of staff not recognizing safeguarding indicators and therefore failing to make a timely referral. Original Risk ID 343.	16	4	4	Closed	All actions complete reached target rating
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 performance and welfare and the Trust will not be compliant with the Children Act and Care Act pertaining to safeguarding. Original Risk ID 459.	12	12	4	Closed	Supervision project underway supervision pilots underway. Project due for completion by June 2017 with a further year to embed fully into Trust
Safeguarding referrals will suffer. They will be delayed; miss-referred etc. Also information governance will be impacted, because EBS is unable to offer a timely and secure onward referral process. The risk impacts those patients and others who are the subject of referrals and to whom we owe statutory duties of care. Original Risk ID 463.	12	4	4	Closed	All actions complete. Secure electronic referral process in place
There is a risk that the Trust is unable to provide assurance that it is compliant with safeguarding training requirements for clinical and non-clinical staff. (Links to TRR - 446 and 439) Original Risk ID 2	12	12	4	Open	Trust introduced new corporate training reporting end of this year. Safeguarding moving over to system from April 2017
Children involved in youth violence may suffer greater harm as a result of a safeguarding referral not being made and appropriate help and support may not be provided by the local authority or other agencies as a result.	12	12	6	Open	Youth violence in staff training CSR2016.3 Re audit to be undertaken in May 2017 post training.

5 Work plan

5.2 The implementation of the safeguarding work plan is monitored by the Trust's Safeguarding Committee.

5.3 The work plan contains the actions that are required to ensure the Trust is compliant with legislation, national documents/ recommendations and learning from incidents.

5.4 Good progress has been made with the actions identified for completion during 2016-17. (The full work plan can be found in appendix two).

5.5 The chart below shows progress against the work plan actions for 2016-17.

5.6

Area	Number of actions for year	Number of Red actions	Number of Amber	Number of Green actions	Number of Blue actions
EBS	5	1	2		2
HR	5			1	4
Prevent	3				3
Governance	3				3
Strategic safeguarding	3				3
Child & Adult Safeguarding	4			1	3
Safeguarding Supervision	4		1		3
Equality and Vulnerable patients	3		1		2
Red	• Not started or way off track & past completion date with no clear plan.				
Amber	• Started but past the identified completion date but with aa robust plan in place to achieve the action.				
Green	• On track and within completion date				
Blue	• Complete				

5.7 .The one red action relates to the Trust providing 24/7 telephone referral system for frontline staff to the Emergency Bed Service (EBS). This has been delayed due to Datix not being implemented until Q3 2016 which is the mechanism by which referrals are captured electronically. EBS are now progressing a business case to increase staffing numbers in the team to enable 24/7 telephone referrals. Currently only child referrals are 24/7 by telephone, adults after 8pm are faxed. All red and amber actions will be added to the work plan for 2017-18.

6 Education and Training

6.1 Safeguarding training is critical to protecting children, young people and adults at risk 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 Quality Improvement Programme (QIP) is in the process of developing a system that will capture all statutory and mandatory training across the Trust, and safeguarding will use this system from April 2017.

6.4 The chart 6.5 shows the number of staff trained in Safeguarding during 2015-16.

6.5

Safeguarding Training figures 2016/17

Training required	Total Staffing post 01.04.16	Frequency of training	Total trained in 2015/16	Total for 2016-17	Percentage for 2016/17	Mitigation
Level One						
Induction	as required	on joining	209	151	N/A	Feb 17. Identified a number of staff who had not undertaken induction. OD Department is currently investigating and putting processes in place to ensure doesn't occur again.
E Learning - non clinical staff	1458	3 yearly	1334	1087	166%	
Level Two						
New Clinicians - as part of new starter education and training course	n/a	on joining	689	548	N/A	
Core Skills Refresher	3611	annually	2805	2789	77%	Level two refresher training continues into April for this year. % will be monitored by Safeguarding Committee
EOC Core Skills Refresher - call handlers/despatchers	381	annually	0	318	83%	For the Second year EOC has not met the required standard of compliance of 85% set by commissioners. Discussions are underway to ensure compliance of 90% in coming year.
EOC new staff	n/a	on joining	154	151	N/A	
PTS/NET	161	annually	74	185	115%	

|						
Bank staff	317	annually	154	65	41%	For the second year Bank staff have failed to meet the required standard of 85%. This has been raised with executive and d a full review of bank requirements is being undertaken in April lead by Executive Director Transformation, Strategy and Workforce.
111	112	annually	93	173	154%	
Community first Responders (St John)	140	3 yearly	261	75	240%	
Emergency responders	145	3 yearly	126	40	114%	
Level Three						
EBS	30	3 yearly	27		not required	
111	22	3 yearly	11	0	50%	Training planned at level three for all of EBS during 2017-18
Local leads	33	3 yearly	36	18	163%	
Specific or ad-hoc training						
Prevent- clinical staff	3611	one off	2805	153	82%	
Prevent- Non clinical	1458	one off	0	2510	172%	
Trust Board	17	3 yearly	12	8	Not available	Process in place to capture all new executive members. Reporting will be via Trust corporate system from April 2017.

6.6 All clinical staff including those in the Emergency Operations Centres (EOC) receive level 2 safeguarding on their initial induction course and refresher training on the Core Skills Refresher (CSR) course annually.

6.7 Trust Board members have received specific safeguarding training and new directors and non-executive directors are to receive training in the month following commencement in post.

6.9 All non-clinical staff are required to complete the Trusts induction and level 1 Safeguarding e-learning programme and the Trust is currently compliant with the agreed standard of 85%.

6.10 This year's level two safeguarding refresher training consisted of Domestic abuse, looked after children, youth violence and hoarding.

6.11 Bank staff have not been compliant with safeguarding training requirements for the last two years and this has been escalated for Trust risk consideration to the IPEC and the Quality Committee of the Board and the Director of Transformation, Strategy and Workforce is undertaking a review of the Trust bank in April 2017.

6.12 Although level 2 refresher training for this year is not compliant for operational staff and EOC, this training is on-going into April and compliance will be monitored by the Safeguarding Committee.

6.13 The Trust has developed two safeguarding posters (below- full copy in appendix 3);-
One -raising staff awareness of youth violence and the other on- the need to report concerns and to highlight the key points to identify in a child referral.
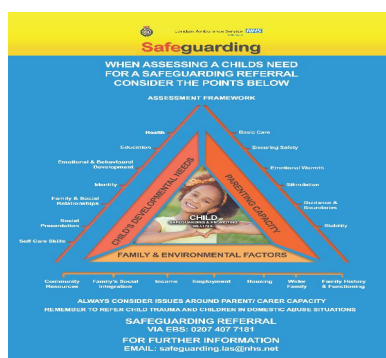
6.14 In addition to formal face to face training and e-learning, regular updates and articles are published in the internal Trust Quality Bulletin and Clinical News. These have included articles on modern slavery, breast ironing, youth violence, understanding dementia, MCA and FGM.

6.15 The LAS was successful in a bid to NHS England (NHSE) for funds to develop a set of four bespoke DVD films titled "dementia and the ambulance service". This project was developed in partnership with patients and carers who live with dementia as well as staff and dementia specialist Dr David Sheard from Dementia Care Matters.

6.16 The four films focussed on, film one introduction to dementia, film two, the challenges in communication over the phone, film three, face to face assessment and challenging behaviour, film four, safeguarding issues for people living with dementia.

6.17 This training resource has been provided to all other UK Ambulance Trusts as well as a number of hospitals, NHSE, NHS Improvement and Health Education England.

6.18   The films have been shortlisted for the National Patient Safety Awards 2017, education and training section.

7   Safeguarding Audits

7.1   The Trust has undertaken a number of audits and reviews during 2016-17. These include:

7.1.1. A review into the DBS process for new starters that resulting in the Trust declaring a Serious Incident (SI) due to the issues identified having a potential impact on patient safety.

7.1.2. An audit of youth violence safeguarding referrals which highlighted a gap in staff referrals (See 8.1.2).

7.1.3. A review of records for new starters attending safeguarding non-clinical induction

7.1.4. A general review of missed referrals, see 8.6.

7.1.5. Audit of records for all new Trust staff undertaking induction.

7.2.   All of these have resulted in an improvement in Trust processes to ensure that the Trust is compliant with safer recruitment, training and referral requirements.

7.3.   The Trust has this year audited the three private providers it uses (St John, ERS and MSL) to support it at times of pressure on the service.

7.4.   These reviews resulted in the three providers being issued with improvement notices due to their training not being up to date and compliant with current legislation. In addition some had issues with safer recruitment procedures which are also being addressed.

7.5.   Progress against the improvement notices are currently under review and is monitored by the Third Party Ambulance Manager and reported to the safeguarding Committee.
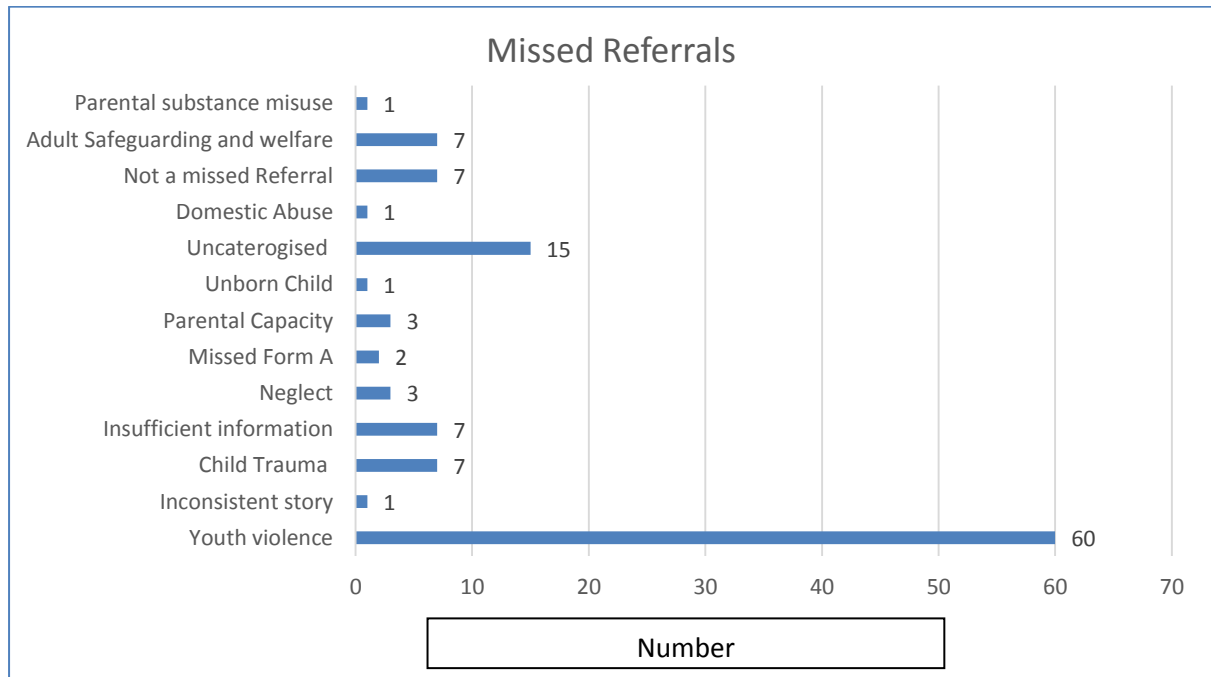
8.   Learning from incidents

8.1.   The Trust identified learning from safeguarding incidents in a number of ways. Learning can come from alerts/referrals, supervision, Serious Case Reviews (SCR), Safeguarding Adult Reviews (SAR) processes and audits.

    8.1.1. This year we have identified learning from the following:-

    8.1.2. The audit identified in 7.1.2 found that only 20% of youth violence, stabbing, shooting etc. received a safeguarding referral. The action taken to improve compliance is :-

    8.1.3. Raising a Trust risk in relation to referring youth violence.

    8.1.4. Issuing guidance in Trust Routine Information Bulletin (RIB) and published an article in our Clinical Update on youth violence

    8.1.5. Produced a poster and issued to all stations and training centres.

    8.1.6. Included youth crime and gangs in our safeguarding level two update training CSR 2016.3 which is being delivered Dec 2016- April 2017.

8.2.   An interim review has shown compliance in reporting youth violence has improved to 46% with the training still in the process of being rolled out Trust wide.

8.3.   A further audit will be undertaken in May 2017 once training is complete.

8.4.   Learning from SAR Ms K Enfield, LAS has

    8.4.1. Issued an update on when to report potential safeguarding crime to police in the Trusts internal Routine Information Bulletin (RIB).

    8.4.2. Reviewed our safeguarding adult policy to strengthen the responsibility to report crimes to the police.

    8.4.3. Article written for internal "Insight magazine" (learning from practice) on SAR and requirements.

    8.4.4. Including section in safeguarding e-learning package on reporting safeguarding crimes to the police.

    8.4.5. Case study to be used in future level three training.

8.5.   The "Missed Referrals" chart 8.6 shows the number and reason identified for missed referrals throughout this financial year.

8.6.

Missed Referrals

Category	Number
Parental substance misuse	1
Adult Safeguarding and welfare	7
Not a missed Referral	7
Domestic Abuse	1
Uncaterogised	15
Unborn Child	1
Parental Capacity	3
Missed Form A	2
Neglect	3
Insufficient information	7
Child Trauma	7
Inconsistent story	1
Youth violence	60

Number

8.7.   The number of missed referrals by staff during the year 2016/17 is 115.

8.8.   These were for both children and adults and were identified by the safeguarding team on reviewing Patient Report Forms.

8.9.   All missed referrals identified are fed back to staff using the LA456 Staff Safeguarding Action Plan to ensure staff learn from incidents.

8.10.   Adult missed referrals accounted for 6.9 % missed referrals; falling into the categories of adult welfare and insufficient information.

8.11.   Youth violence accounts for 52 % of referrals.

8.12.   Action taken to improve compliance for youth violence included

8.12.1   Communication issued in the RIB 5/9/2016 around the need to safeguard children involved with Youth Violence.

8.12.2   Safeguarding drop in sessions were held within EOC during the month of December.

8.12.3   Youth Violence poster designed (see appendix three)

8.12.4   Youth violence was included in CSR 2016.3 and Safeguarding level 2 training

8.12.5   Bespoke training delivered to APP's and IRO's with a focus on Youth Violence.

8.13   Insufficient documentation on Patient Report Form (PRF) regarding safeguarding concerns represents 7 % of the missed referrals.

高

8.14   6 % of the missed referrals were categorised as 'Not a missed referral' this is where a possible missed referral had been highlighted but was on review was deemed not requiring a referral.

9   Information sharing and Incidents

9.1   The Trust has a duty to share information to protect children and adults at risk. The Trust shares information on staff concerns for a vulnerable person to the local authority.

9.2   The Trust follows the London Multi Agencies Safeguarding policy and procedures and working together. The Trust will only share information that is relevant to protect the individual.

9.3   In addition to sharing information with the local authority the Trust has set up two pathways to share information with the London Fire Brigade (LFB) on hoarding cases and Women's Aid on domestic abuse.

9.4   Both of these pathways have strict criteria for referrals and consent is required from the individuals concerned.

9.5   The chart below shows details of referrals made to LFB

Dates	Number of LAS referrals	Number of Home Fire Safety Visits (HFSV)	% of LAS referrals that resulted in additional support	Reasons for no HFSV include
15th May2016 to 3rd Feb 2017	594	203	34%	• No consent given when LFB made contact. • Person in hospital. • Person passed away • Unable to make contact.

9.6   The Trust is currently in the process of implementing the national Child Protection Information Sharing (CP-IS) project.

9.7   This will enable the Trust to see when a child is on a child protection plan and will aid staff decision making on the best course of action to be taken. In addition when the record is accessed a notification will be sent to the local authority concerned to inform them that a child has accessed unscheduled care.

9.8   The Trust is adopting a phased approach to introducing CP-IS with the first phase being within our "hear and treat" incidents (telephone only) so that checks are made to aid decision making for all children and pregnant females.

9.9   The Trust is currently engaged with the London Homeless Health Program (LHHP) which seeks to improve the health of people who are affected by homelessness in London and safeguard people who sleep rough.

9.10   The Trust is in the process of setting up a pathway to refer concerns for homeless people who are currently not being supported.

9.11   In addition the Trust is also looking to raise awareness that homeless people can access GP services and do not need a fixed address or identification and that their immigration status does not affect this right.

9.12   The Trust has a frequent caller team who work closely with the safeguarding team to   improve the support provided to these patients who are often vulnerable with complex needs.

9.13   The frequent caller national standards only apply to adults. However the Safeguarding team also reviews multiple calls received from individual children to consider any safeguarding issues. This practice has resulted in several safeguarding referrals being made to the local authority.

9.14   The Trust has seen improved reporting of safeguarding allegations involving staff this year with an increase from 8 reports 2015/16 to 172016/17.

9.15   Training has been undertaken with 48 HR, operational managers and patient experiences staff to improve reporting

9.16   The 17 safeguarding allegations reported during the year are listed in the table 9.17 showing the type and outcome of these allegations.

9.17

Type of Safeguarding Allegation	Number of Safeguarding Allegations	Outcome Open /Closed
Children	3	1 open 1 closed no case to answer 1 closed no further action
Multiple	1	Closed no further action
Adult	12	1 open 1 dismissed from service 1 resigned from service 2 no case to answer 6 no further action 1 not LAS staff
Prevent	1	Closed not Prevent

9.18   Where appropriate we have shared this information with the Local Authority Designated Officer (LADO) or Safeguarding Adult Manager (SAM).

9.19   Where appropriate the Trust will notify the professional body and or the Disclosure and Barring Service.

9.20   **Multi Agency Risk Assessment Conferences (MARAC)**

9.21   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, coordinated safety plans can be drawn up to support the victim. Over 260 MARACs are operating across England, Wales and Northern Ireland managing over 55000 cases a year.

9.22   The Trust has had limited involvement with MARACs due to not being asked to take part in them across London. The Trust provides paperwork for 5 boroughs, Westminster, Hammersmith &Fulham, Kensington & Chelsea, Newham and Greenwich. This is because only those boroughs have approached the Trust for our involvement with individuals.

9.23   Administration support to provide this information is reliant on time within existing administrator days or light duties staff.

9.24   The Trust was unable to provide information on 364 of the 1439 cases for 2016/17 due to lack of capacity within the team.

9.25   This has not had an impact on the quality of care provided directly by the Trust.

9.26   The MARAC chart 9.27 shows the growth in cases for the last four years.

9.27
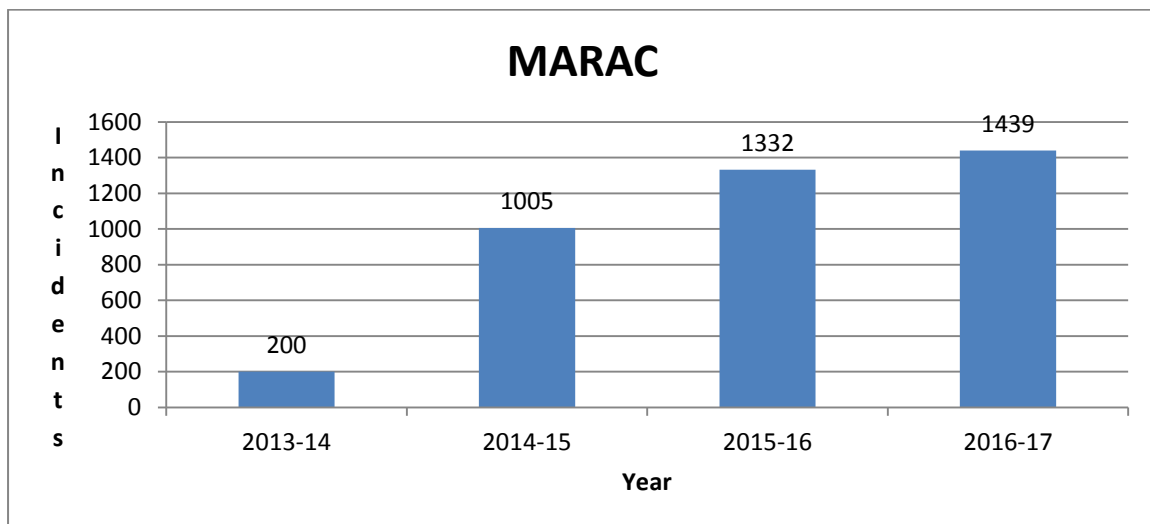
9.28   **Child Death Overview Panel (CDOP)**

9.27   The Local Safeguarding Children Boards (LSCB) are responsible for ensuring that a review of each unexpected death of a child who resides in their area is undertaken by the CDOP.

9.28   The CDOP has a fixed core membership drawn from organisations represented on LSCBs with flexibility to co-opt other relevant professionals to discuss certain types of death as and when appropriate (Working Together 2015).

9.29   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. In addition all unexpected child deaths the Trust receives notification of are reviewed by the Serious Incident Group.

9.30   The CDOP chart below 9.31 shows the number of child deaths we have provided information for over the past three years. The data for 2016-17 indicated an increase of 41 cases from 2015-16..

9.31

Child Death Overview Panel

Year	Incidents
2014-15	~180
2015-16	~165
2016-17	~205
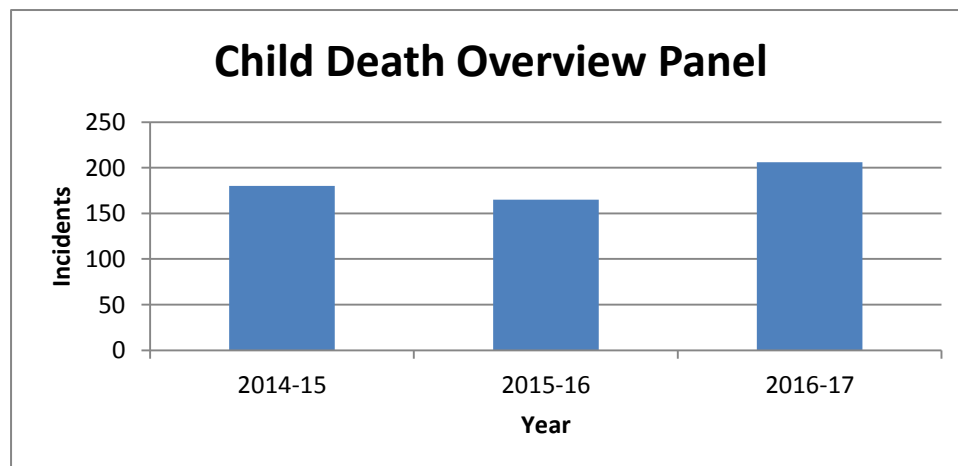
9.32   **Domestic Homicide Reviews (DHR)**

9.33   A DHR is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have been as a result of violence, abuse or neglect by a person to whom they were related or with whom they had been in an intimate personal relationship..

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

9.35   The DHR chart 9.36 shows LAS involvement in DHR since 2013. The LAS have only been asked to provide information or attend five DHRs in 2016/17.

9.36

Domestic Homicide Reviews
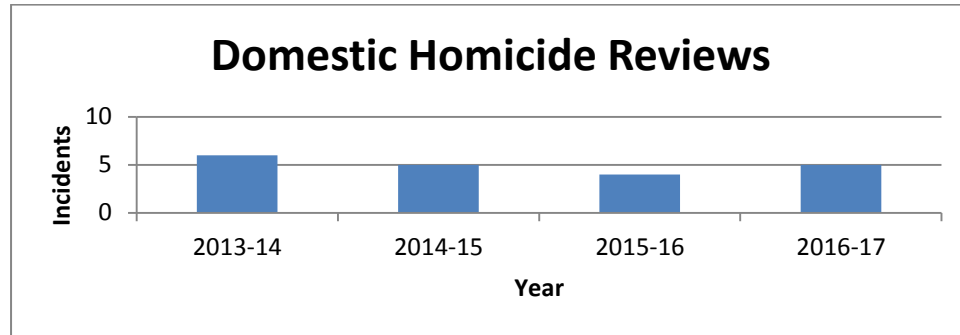
9.37   **Children's Serious Case Reviews (SCR)**

9.38   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 an SCR is for agencies and individuals to learn lessons and improve practice.

9.39   There were 11 SCR child cases in 2016-17 that the LAS were asked to provide a report for.

9.40   The SCR chart 9.41 shows the details of the cases and any learning identified.

9.41

Serious Case Reviews						
Gender	Age	Borough	Trends	Case Details	Lessons	Status
Female	2 Yrs	Camden	Physical Abuse	Carer concerns	No LAS issues	Overview report never received
Male	16 Yrs	Enfield	Suicide	Hanging	No LAS issues	Overview report never received
Male & Female	5 Yrs & 17 Yrs	Croydon	Neglect	Carer concerns & Care Proceedings	No LAS issues	Overview report never received
Male & Female	1 Mth & 2 Yr s	Croydon	Physical Abuse	Carer concerns & Care Proceedings	No LAS issues	Overview report never received
Male	3 Yr s	Croydon	Physical Abuse	Carer concerns	No LAS issues	Overview report never received
Male	11 Mth	Croydon	Neglect	Carer concerns	No LAS issues	Overview report never received
Male	3 Mth	Barking & Dagenham	Physical Abuse	Carer concerns	No LAS issues	Overview report never received
Male & Male	2 Mth & 2 Yrs	Barking & Dagenham	Unknown	Unknown possible DV leading to Care Proceedings	No LAS issues	On-Going
Female	17 Yrs	Bromley	Murder	Murdered by ex-boyfriend	No LAS Involvement	N/A
Male	5 Yrs	Lambeth	Physical Abuse	Carer concerns	No LAS issues	On-going
Male	11 Yrs	Bromley	Neglect	Carer concerns	No LAS issues	On-going

9.42 **Safeguarding Adult Reviews (SAR)**

9.43 The next SAR chart 9.44 shows details of the SARs undertaken during 2016-17

9.44

Safeguarding Adult reviews

Gender	Age	Borough	Trends	Case Details	Lessons	Status
Female	19 Yrs	Richmond	Suicide	Hanging	No LAS issues	Overview report not received
Male	69 Yrs	Lewisham	Care Home Death	In Nursing home when found to be on fire, possibly due to smoking.	No LAS issues	Overview report not received
Female	78 Yrs	Enfield	Carer concerns	Severe Neglect.	LAS failed to report crime. Reviewed Policy and procedures. Education on reporting crime to the police	Actions for LAS
Male	91 Yrs	Havering	Self Neglect	Died in a house fire, cause of death smoke inhalation. LAS raised several concerns regarding self-neglect and living conditions	No LAS issues	Overview report not received
Female	85 Yrs	Hackney	Neglect	Carer concerns	Issues identified already actioned by LAS . With regard to consent and also self neglect and hoarding.	Multi-Agency Actions
Female	83 Yr	Ealing	Neglect	Carer concerns	No LAS issues	On -going
Male	60 Yr	Lewisham	Self Neglect	Died in a house fire	No LAS issues	Overview report not received
Male	63 Yr	Richmond	Self Neglect	Died in a house fire	No LAS issues	On-going
female	75 Yr	Tower Hamlets	Unknown	Unexpected death no further details provided.	Missed referrals, Missed Capacity Tool Completion	On-going
Male	59 Yr	Tower Hamlets	Unknown	Unexpected death no further details provided.	No LAS issues	On-going
Female	20 Yr	Havering	Suicide	Jump from height	No LAS issues	Final Report Filed
Female	83 Yr	Barking & Dagenham	Self Neglect	Patient resistant to social care support and input.	No LAS issues	On-going
Male	24 Yr	Newham	Learning disability restraint	Learning disability, mental health diagnoses Challenging behavior restrained by family ambulance called but patient dead on arrival.	No LAS issues	On-going
Male	91 Yr	Havering	Self Neglect	Died in a house fire	No LAS issues	Overview report not received
Female	88 Yr	Wandsworth	Self Neglect	Died in a house fire	No LAS issues	Overview report not received
Male	76 Yr	Wandsworth	Self	Diabetic patient / hoarder	No LAS issues	Overview report not

			Neglect			received
Male	33 Yr	Enfield	Neglect	Carer concerns	No LAS issued	On-going
Male	70 Yr	Enfield	Self Neglect	Died in a house fire	No LAS issues	Overview report not received
Male	30 Yr	Tower Hamlets	Unknown	No specific details provided	On-going	On-going
Male	59 Yr	Camden	Neglect	Carer concerns	No LAS issue	On-going
Male	72 Yr	Redbridge	Self Neglect	Carer concerns	On-Going	On-going

9.45   There has been an increase in the number of SAR's from 10 in 2015/16 to 21 in 2016/17 probably as a result of the local authorities and safeguarding boards improved knowledge of the Care Act requirements.

9.46   The Safeguarding Team this year has seen a further year on year increase in administration workload (see chart below) despite an increase in staff within the safeguarding team, which included 0.4 wte safeguarding administration; this is not enough to meet the growing administration requirements.

9.47   During 2016-17 we have been unable to undertake 364 MARAC cases due to lack of administration support.

9.48   The next chart 9.49 shows the increase in workload over the last three years. This increase has an impact on the Trust ability to share information in a timely manner.

9.49
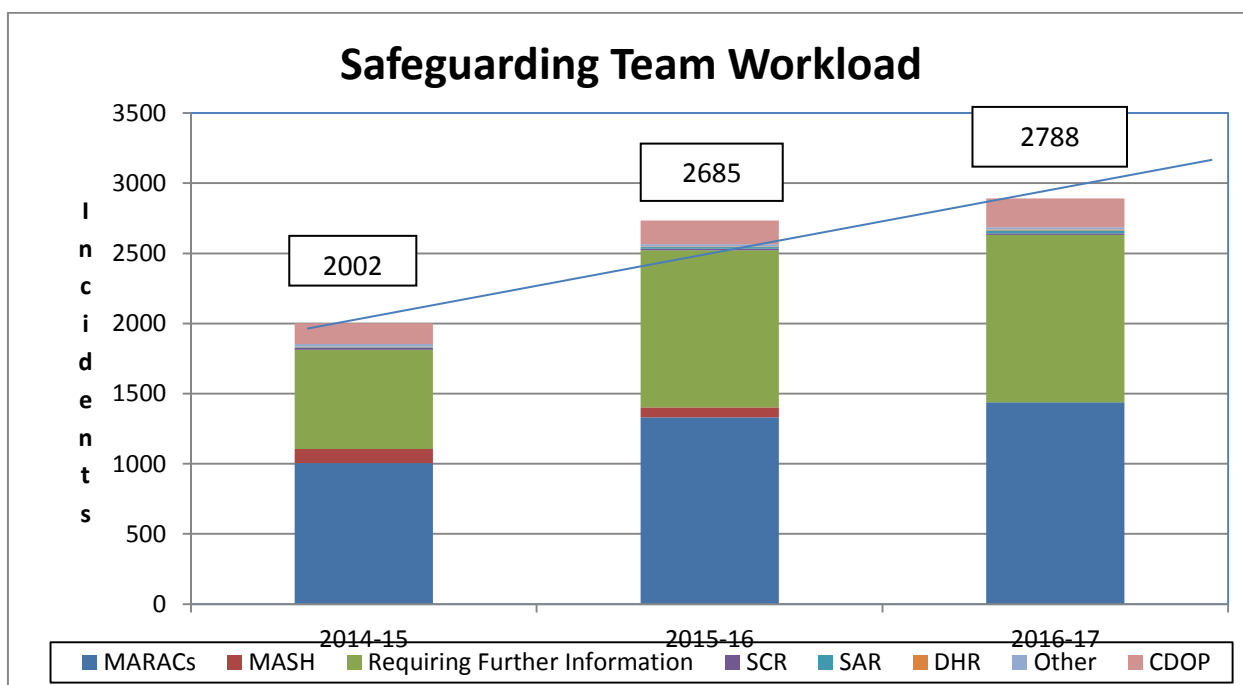
10.   Prevent

10.1   The Head of Safeguarding took over Prevent Lead for the Trust from the Deputy Director of Operations- Central services.

10.2   The Trust has a requirement to ensure all staff are trained to the required level in Prevent.

10.3   The Trust completes a quarterly report for NHSE covering all elements of Prevent training and referrals.

10.4

No of staff who received basic prevent training	No of staff who received Health WRAP training	No of referrals made for Prevent
3347	3135	11

10.5   All Prevent referrals are reviewed by the Head of Safeguarding/ Prevent Lead, the Emergency Planning Manager with oversight of Prevent and the EBS Manager.

10.6   The Trust has a Prevent policy and procedures in place.

11.00   LAS 111 safeguarding

11.01   LAS 111 made safeguarding referrals direct to social care for this year. With effect from   2017 these will be integrated into the Trust wide referral process.

11.02   111 made 518 referrals to social services which equates to circa 0.2% of all incidents.

11.03   The breakdown of referrals were 68% for children, 32% for adults.

11.04   Adult concerns were predominantly for welfare issues =121, safeguarding concern = 48.

11.05   Children safeguarding referrals =253 and welfare concerns=96.

11.06   Feedback received from social services regarding LAS111 referrals was received for 0.7% (n=4) of all referrals sent.

11.07   6 facilitators have been trained as safeguarding supervisors as part of the Trusts supervision project.

11.08   Supervision will be mandatory for clinicians and Clinical Quality Improvement Advisors and will be available for all staff groups if they have a safeguarding case they wish to discuss.

11.09   Supervision will be rolled out throughout 2017.

11.10   An Audit of cases referred by LAS 111 to Greenwich Social Services, both Adult and Child, was held in June 2016. Ten random cases were reviewed. The feedback from the review showed that all social services referrals were deemed appropriate and there were no issues with perceived over-referral to social services.

12.0   Safeguarding Concerns and Referrals sent to Social Services

12.1   Staff make referrals via the Emergency Bed Service (EBS). These are currently made by phone 24/7 for children and 0800-2000 for adults and outside of these times staff complete a paper LA280 and fax them through to EBS.

12.2   EBS send the referral or concern to social services via secure email.

12.3   The chart below shows the total number of referrals and concerns passed to social services during 2016-17, 19456 and equates to 1.70% of all trust incidents.

Referrals by type, 2016 to 2017

Child Safeguarding 6136 32%

Safeguarding Adults 4308 22%

Welfare Adults 9012 46%
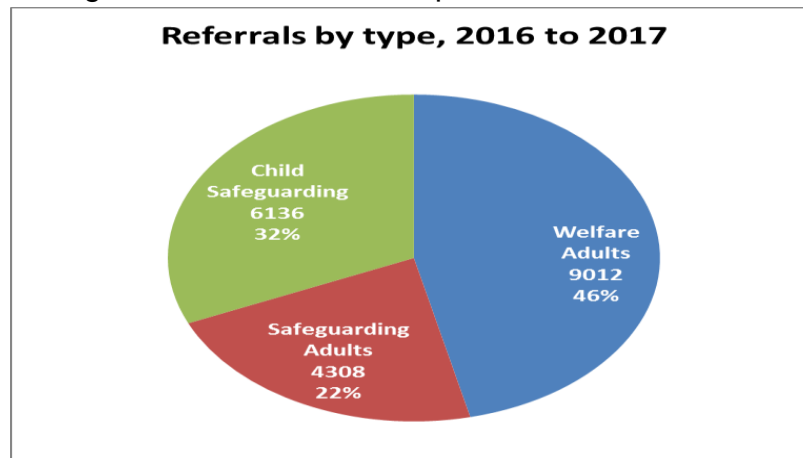
12.4   The breakdown of incidents was child safeguarding concerns 6136, adult safeguarding referrals 4308, adult welfare concerns 9012. The biggest change has been in child referrals that have seen an increase of 1,575 referrals form 2015/16.

12.5   The next chart 12.6 shows a breakdown of referrals by local authority borough.

12.6

	Adults Safeguarding	Adults Welfare	Children	Total Referrals	Referrals as % of incidents
Barking and	96	145	184	417	1.55%
Barnet	129	237	209	510	1.41%
Bexley	109	295	153	542	1.92%
Brent	145	234	224	504	1.58%
Bromley	136	292	198	564	1.86%
Camden	97	165	98	327	1.07%
Croydon	242	413	419	968	2.09%
Ealing	159	291	244	617	1.72%
Enfield	122	245	231	567	1.53%
Greenwich	128	255	284	583	1.96%
Hackney	118	214	164	430	1.85%
Hammersmith and	87	163	98	309	1.47%
Haringey	114	214	185	450	1.70%
Harrow	71	121	125	273	1.34%
Havering	136	183	169	423	1.62%
Hillingdon	134	239	260	506	1.51%
Hounslow	156	303	205	599	1.93%
Islington	113	216	127	415	1.51%
Kensington and	67	137	57	238	1.52%
Kingston upon	67	130	93	263	1.93%
Lambeth	173	299	239	639	1.68%
Lewisham	135	315	286	628	2.09%
Merton	98	155	140	358	1.84%
Newham	128	208	202	506	1.42%
Redbridge	111	218	157	442	1.44%
Richmond upon	89	185	95	329	1.83%
Southwark	171	278	267	599	1.69%
Sutton	117	208	120	426	1.71%
Tower Hamlets	105	177	177	415	1.54%
Waltham Forest	137	284	155	540	2.07%
Wandsworth	141	217	158	482	1.49%
Westminster	89	230	91	372	0.86%

12.7   The RAG rating on the right-hand column is merely a visual aid to help identify high and low referrers.

12.8   Whilst the number of referrals made during 2016-17 has risen to 19456 compared to 17332 in 2015-16, when compared to overall Trust incidents the percentage of referrals has increased only slightly from 1.66% to 1.7%.

12.9   The Safeguarding volumes chart 12.10 shows the referrals month on month. There is a marked increase in child referrals in March and we will monitor this in the coming months, but initial thoughts are that this corresponds to the face to face safeguarding training and increased education being provided.

12.10

Safeguarding volumes, 2016 - 2017
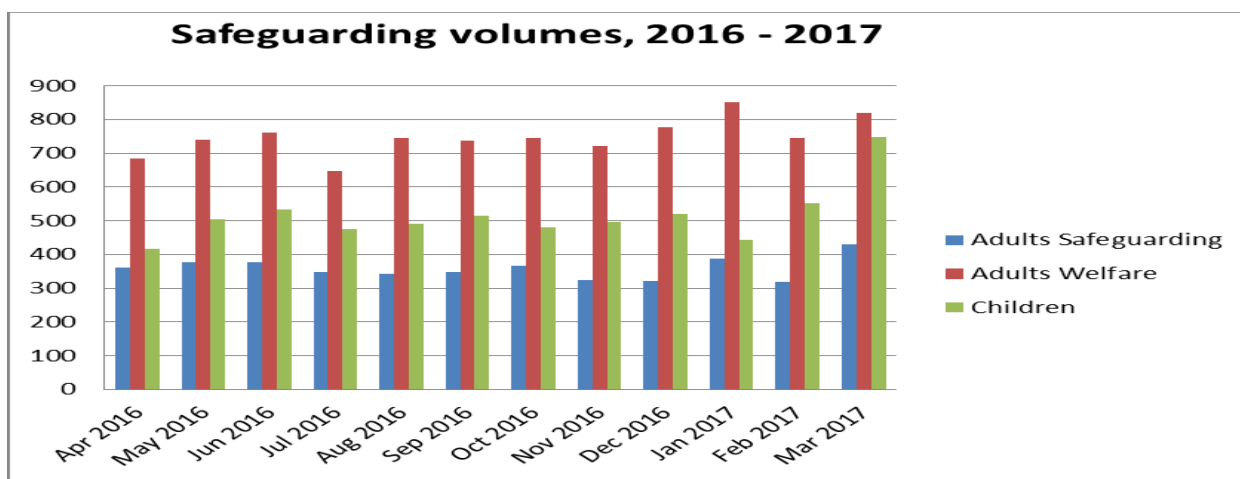
12.11 The past two months has seen an increase in child referrals. With March seeing an increase of nearly 200 referrals. This is being closely monitored to assess if this is a longer term trend as child referrals have increased by 1500 since last year whilst adult safeguarding remains static.

12.12 The chart 12.13 shows the trajectory of referrals

12.13

Total Referrals per Quarter
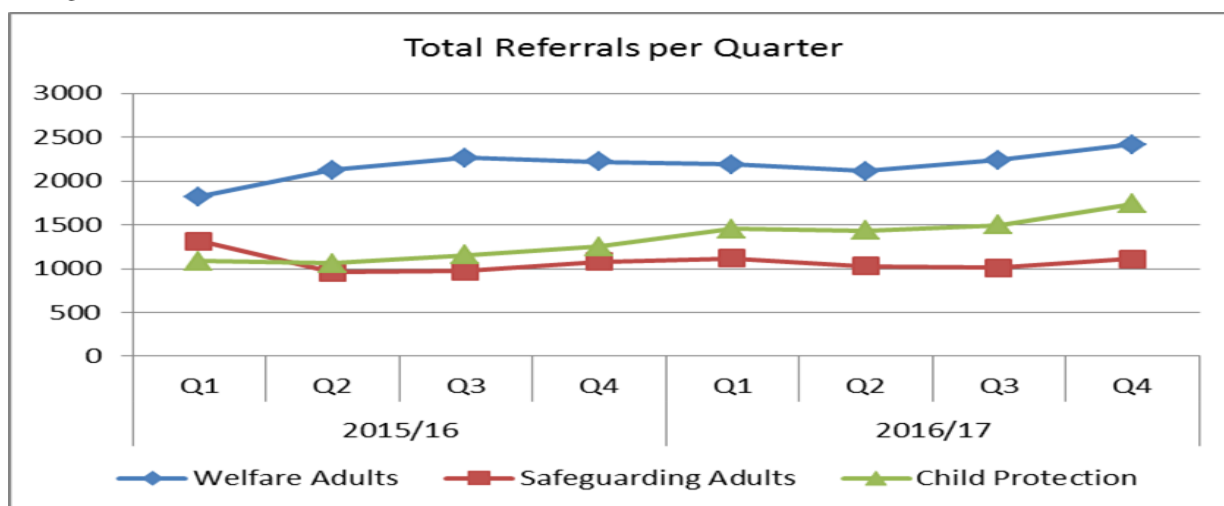
12.14 Adult safeguarding referral numbers have remained static over the past two years. The child referral increase for this year could be down to the increased focus on safeguarding, education and training that has been undertaken.

12.15 The chart 12.16 shows referrals broken down by sector..

12.16
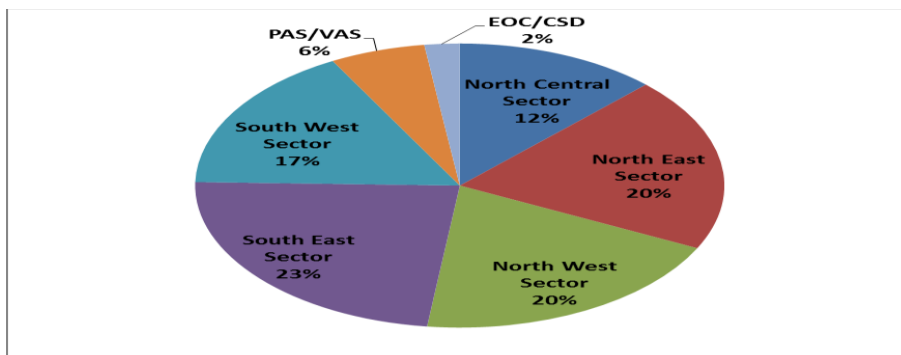
12.17 PAS/VAS relates to referrals made by Private Ambulance Services who the Trust contract to assist with responding to calls. EOC/CSD relates to calls generated from our control room staff and Clinical Support Desk.

12.18 Variations across sector are largely due to the number of incidents in each sector, corrected for volume of incidents there is in fact little variation between sectors.

12.19 EOC referrals have been the focus of improvement work this year and referrals have risen from an average 20 per month in Q1 to over 50 per month by Q4.

12.20 Private / voluntary crews make approximately as many referrals as a medium sized station. Due to the way data is collected it is not possible to generate a % of incidents for these, but volumes are at expected levels compared to a similar sized station.

12.21 The chart 12.22 show the breakdown of reasons for child referrals

12.22
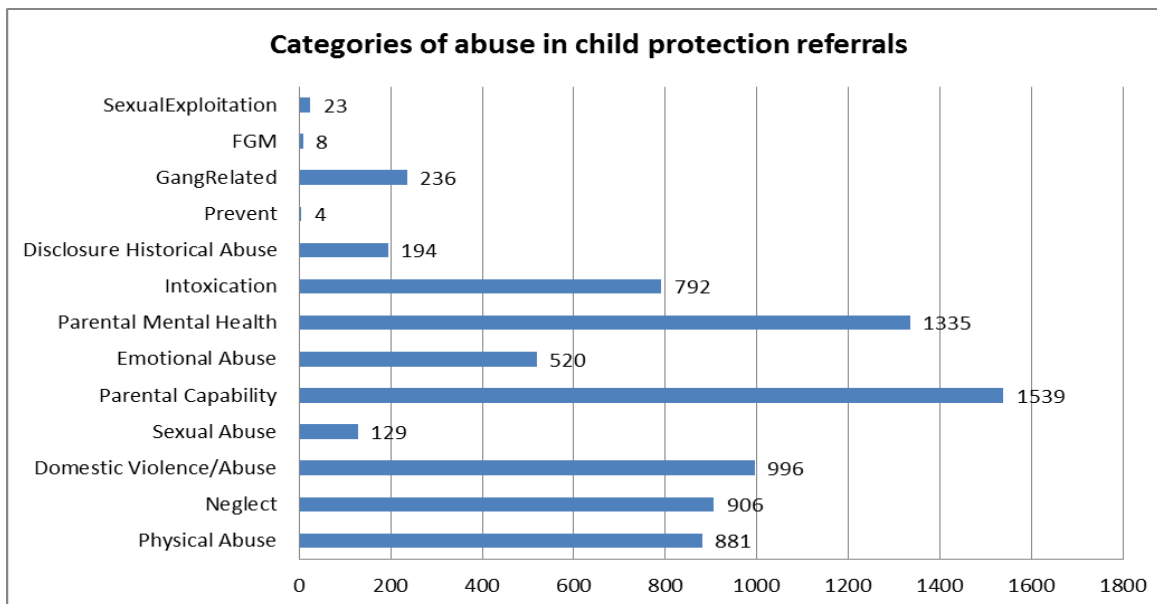
12.23   The chart 12.24 shows the breakdown in categories for adult safeguarding concerns with local authority.

12.24

Categories of abuse in adult safeguarding referrals

Category	Value
Self neglect including hoarding	2822
Neglect / Acts of Omission	1910
Physical	813
Psychological	683
Domestic abuse	657
Financial	446
Sexual	160
Organisational	102
Discriminatory	29
Modern Slavery	27
Prevent	3
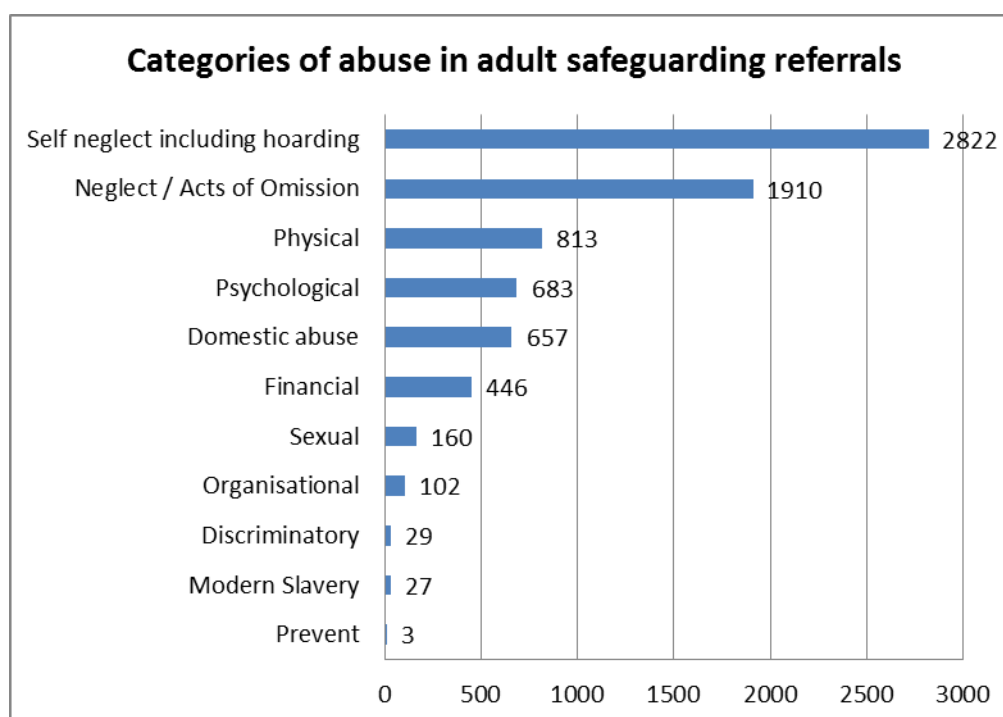
12.25   Processes through which to raise concerns were instituted for FGM and PREVENT this year.

12.26   10 FGM-related concerns, 2 for adults and 8 for children were made. These were suspected rather than confirmed and none fell within the duty to report disclosures in child to the police.

12.27   PREVENT is reported in Section 10 of this report.

12.28   In Q2 2016 the Trust commenced refering to the Women's Aid Domestic Violence Helpline, for victims of domestic abuse, male or female, who consented. Crews provide the number for patients to call themselves, on 35 occassions crews requested the helpline number from EBS and the Trust has made 3 referrals to Womens Aid on patients request.

12.29   The Trust established a new referral pathway for hoarding referrals as discussed in section 9.5 As well as notifying the local authority the LAS also refer hoarding cases to the LFB. This year the Trust made 1,133 referrals to LFB in relation to hoarding and fire risk where the patient has consented. .

12.30   The 12.31 chart shows the breakdown of reasons for raising a welfare concern.

12.31

Adult welfare concern

Category	Value
Quality of Existing Care Package	1281
Carers Assessment	1520
Review of Existing Care Package	2591
Accommodation	3835
Community Care Assessment	5608
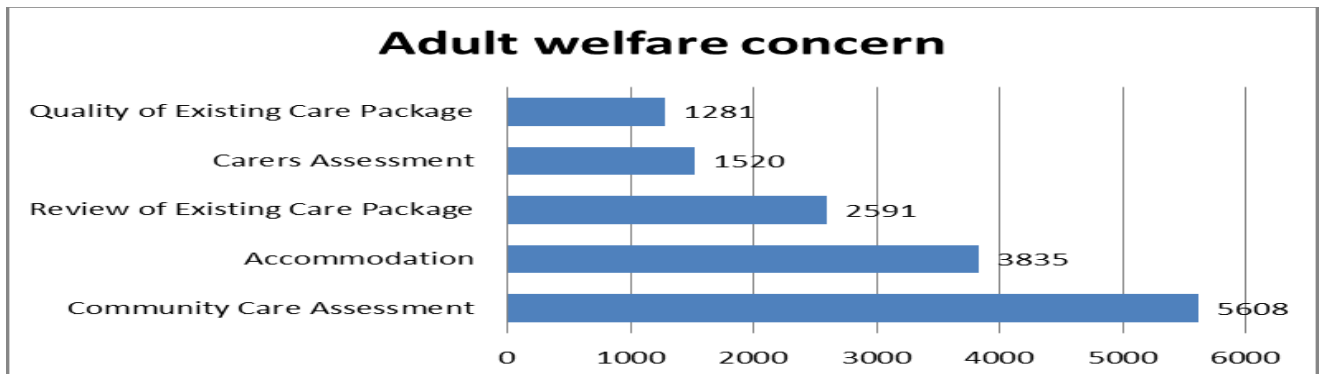
12.32   Adult welfare concerns are raised with local authorities where the patient consents to the Trust raising a concern on their behalf. Staff are encouraged to provide the patient with the relevant number for social services in the first instance. Concerns raised by the Trust are usually as a result of the patient being unable to call the local authority themselves for a range of reasons.

12.33   Welfare referrals are overwhelmingly requests for a community care assessment, or for issues related to accommodation.

12.34   These concerns are raised with the local authority when the patient consents to a referral or when the patient lacks capacity staff act in their best interests.

12.35   There are occasions when staff contact EBS to raise a safeguarding concern or referral, but when discussed it transpires that there is not a safeguarding concern. On these occasions the Trust records them as a 'no send'. The 12.36 chart shows the number of no sends and reasons for this.

12.36

Referrals not sent

Reason for no send

Other 21%

No consent 20%
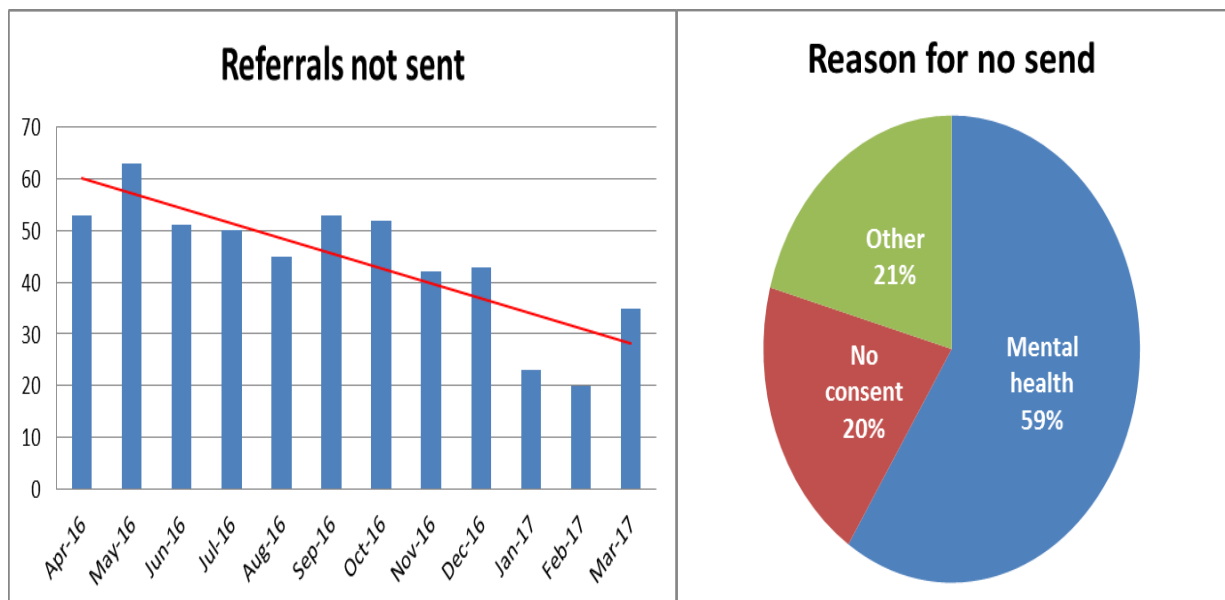
Mental health 59%

12.37   Mental health referrals where there are no safeguarding concerns identified account for 59%. Where we are certain that another pathway exists, EBS staff signpost crews to that pathway and do not process the referral.

12.38   All no sends are quality assured by the safeguarding specialists and EBS manager.

12.39   The 12.40 chart shows the age range of incidents referred to local authority.

12.40
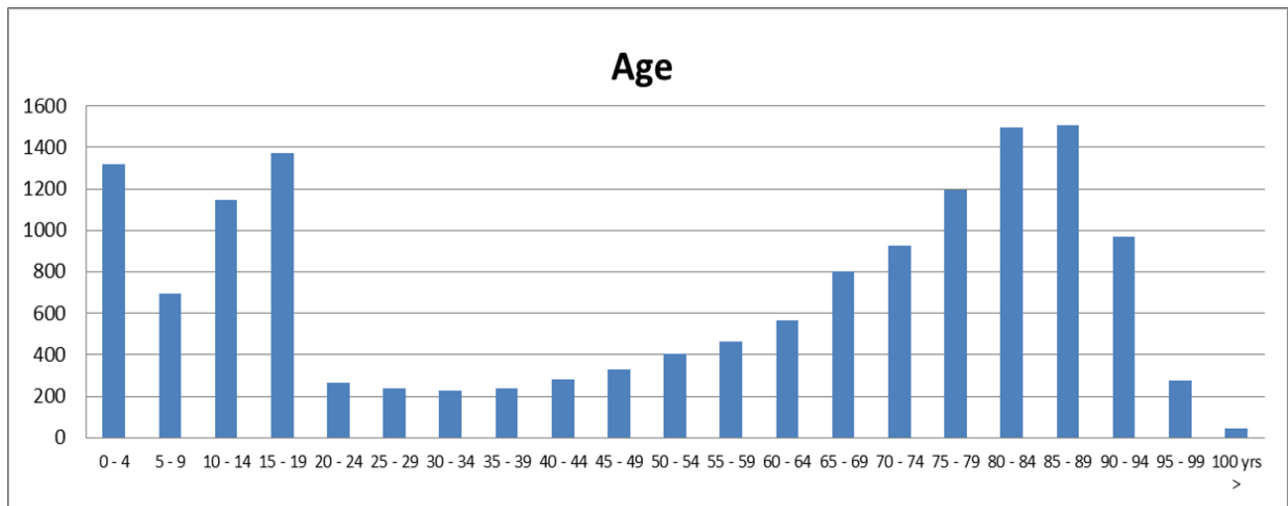
12.41   The highest referrals are for the very young, 15-19yr olds and the older members of the public. Early help, parental capacity and concerns account for most of the 0-4 year olds. 15-19yr olds relate to risky behavior, assaults and gang related activity.

12.42   Demographics in the next set of three charts 12.43 shows the gender, ethnicity and religious belief where stated on the referral. (These are the only protected characteristics currently being captured)

12.43

Ethnicity

- Other 2%
- Mixed 1%
- Asian 5%
- Black 8%
- Not stated 14%
- White 70%

Gender

- Male 45%
- Female 55%

Religion / belief

- Atheism
- Christianity
- Hinduism
- Islam
- Judaism
- Sikhism
- Other
- Unanswered
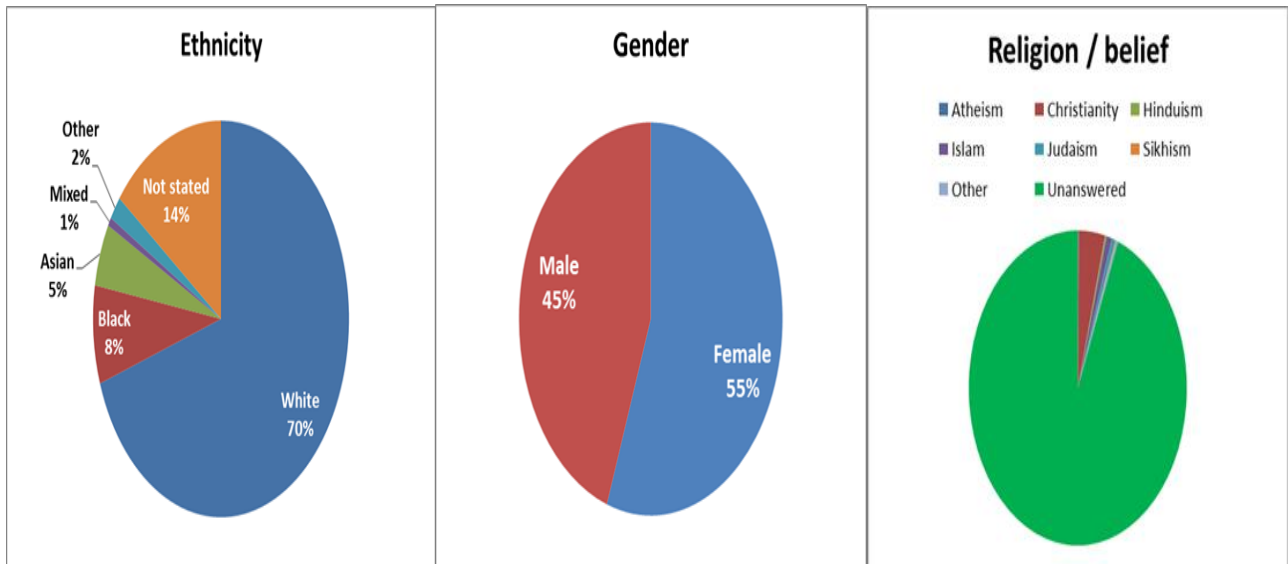
12.44   Information collected on protected characteristics is poor.(With regards to disability and learning disabilities the Trust is does not collect this data from the Patient Report Form -PRF).

12.45   There are more Christians than Muslims or Hindus recorded, however for 93% of incidents religion was not recorded. .

12.46   There are a small numbers of cases where people's sexual orientation was recorded (a total of 50 referrals out of over 16,000), and a very small number detailing gender reassignment

12.47   For ethnicity nothing was recorded in over 25% of cases.

12.48   The chart 12.49 shows the feedback received per borough to the end of quarter three. Feedback is retrospective and will not necessarily relate to referrals in the relevant period.

12.49

Feedback to end of Q3, 2016/2017			
Borough	**Total Referrals**	**Total Feedback**	**Feedback as % of referrals**
LAS	14159	447	3.2%
Barking and Dagenham	337	21	6.2%
Barnet	473	4	0.8%
Bexley	429	37	8.6%
Brent	505	5	1.0%
Bromley	529	0	0.0%
Camden	291	3	1.0%
Croydon	792	14	1.8%
Ealing	583	10	1.7%
Enfield	442	12	2.7%
Greenwich	504	86	17.1%
Hackney	430	11	2.6%
Hammersmith and Fulham	284	2	0.7%
Haringey	411	0	0.0%
Harrow	261	15	5.7%
Havering	433	36	8.3%
Hillingdon	522	4	0.8%
Hounslow	502	1	0.2%
Islington	362	3	0.8%
Kensington and Chelsea	241	3	1.2%
Kingston upon Thames	287	16	5.6%
Lambeth	568	41	7.2%
Lewisham	550	5	0.9%
Merton	318	30	9.4%
Newham	445	3	0.7%
Redbridge	377	55	14.6%
Richmond upon Thames	277	4	1.4%
Southwark	563	1	0.2%
Sutton	317	8	2.5%
Tower Hamlets	410	3	0.7%
Wandsworth	376	0	0.0%
Westminster	314	4	1.3%

13.0   Partnership Working

13.1   The Trust endeavors to work closely with the 64 Safeguarding Boards and 64 child and adult social services departments across London. This is sometimes a challenge for the Trust with meetings across areas regularly being held on the same day.

13.2   This year the Trust Head of Safeguarding met with the Adult chairs of the London safeguarding boards. It was agreed that as a minimum the LAS would attend one

safeguarding board meeting per borough annually, where the chair wishes the LAS to attend.

13.3   In addition a group consisting of the LAS and both adult and child chairs has been set up and will meet twice a year to provide assurance and improve partnership working. The first meeting arranged for April has been postponed by the chairs as they currently have no issues to raise with the LAS.

13.4   The Head of Safeguarding is also a member of and attends the London Safeguarding Children Board, the London Safeguarding Adult Board the London Safeguarding Adult Network, NHS England FGM workgroup and DH Safeguarding Children Stakeholder Group on behalf of the National Ambulance Safeguarding Group.

13.5   The Safeguarding Children Specialist attends the NHSE Safeguarding Child Practitioner Network and the Adult Specialist the NHSE Safeguarding Ambulance Network.

13.6   The Head of Safeguarding is also deputy of the National Safeguarding Ambulance Network.

13.7   The next chart 13.8 shows the local partnership engagement for 2016-17

13.8

LAS Local Sector partnership engagement 2016-17										
SCB– Safeguarding Childrens Boards **SAB– Safeguarding Adults Boards** **RRM– Rapid Response Meeting** **DHR– Domestic Homicide Review** **SCR– Serious Case Review** **SAR– Serious Aldult Review**	SCB	SAB	Sub group	RRM	DHR	SAR	SCR	Strategy Meeting	Other	Yearly Totals	Total Apologies
West											
Tri boroughs (West,Ham & Ful , Ken &Ch)	1	0	0	1	0	0	0	2	3	7	6
Ealing	1	1	0	2	0	0	0	3	0	7	5
Hounslow	0	1	0	0	0	0	0	1	0	2	8
West Sector Totals	2	2	0	3	0	0	0	6	3	16	19
North West											
Brent	1	1	0	5	0	0	0	0	3	10	4
Hillingdon	1	0	0	5	1	0	0	0	0	7	1
Harrow	0	1	0	0	0	0	0	7	3	11	7
North West Sector Totals	2	2	0	10	1	0	0	7	6	28	12
North Central											
Camden	0	1	0	0	2	0	0	1	0	4	4
Enfield	1	0	0	3	0	1	1	1	0	7	11
Haringey	1	0	0	3	1	0	1	0	0	6	5
Barnet	0	0	0	2	0	0	0	0	0	2	3
Islington	0	0	0	2	0	1	0	0	0	3	1
North Sector Totals	2	1	0	10	3	2	2	2	0	22	24
East Central											
Hackney	1	4	0	7	0	0	0	1	2	15	2
Newham	0	5	3	7	0	2	0	1	0	18	2
Tower Hamlets	0	3	0	3	0	1	0	1	0	8	2
Waltham Forest	3	1	0	1	0	0	0	0	1	6	5
East Sector Totals	4	13	3	18	0	3	0	3	3	47	11
North East											
Barking & Dagenham	2	1	0	1	0	0	1	0	0	5	4
Havering	0	0	0	4	0	3	5	1	3	16	4
Redbridge	0	0	0	4	0	0	0	0	0	4	1
North East Sector Totals	2	1	0	9	0	3	6	1	3	25	9
South East											
Bexley	0	0	0	1	0	0	0	0	0	1	1
Bromley	0	0	2	8	0	0	2	0	2	14	3
Lambeth	0	2	0	2	0	0	0	0	0	4	4
Lewisham	0	0	0	3	3	0	0	0	2	8	6
Southwark	0	0	0	3	0	0	0	0	0	3	3
Greenwich	0	2	0	3	0	0	0	0	1	6	4
South East Sector Totals	0	4	2	20	3	0	2	0	5	36	21
South West											
Croydon	0	0	0	6	0	1	5	2	4	18	5
Kingston	1	1	0	3	0	0	0	1	2	8	1
Richmond	0	1	0	2	0	4	0	0	2	9	3
Merton	1	4	0	4	0	0	0	0	1	10	1
Sutton	1	0	0	1	0	0	0	4	3	9	1
Wandsworth	2	0	0	1	0	0	0	0	0	3	1
South West Sector Totals	5	6	0	17	0	5	5	7	12	57	12
Trust Totals	17	29	5	87	7	13	15	26	32	231	108

Final LAS SC Report May17

14.0   Safeguarding supervision

14.1   The Trust is in the process of introducing safeguarding supervision into the Trust.

14.2   A Safeguarding Supervision Project Manager was appointed (Annie Still) for 1year to lead the introduction of supervision into the Trust.

14.3   A supervision policy is currently being drafted and the specific posts requiring supervision have been identified.

14.4   A number of safeguarding supervisors have been trained in both individual and group supervision.

14.5   Several pilot supervision sessions have taken place and feedback from supervisees has been very positive.

14.6   In the coming year safeguarding supervision will be embedded with the IM&T support to be able to capture compliance and consider wider learning for the Trust.

15.0   Summary

15.1   Overall the Trust has had a busy year in safeguarding. We have increased the size of the team to support what has been a significant increase in activity and associated administrative work.

15.2   The team have effectively increased awareness of safeguarding issues across the Trust throughout the year and during December an Improving Patient Experience Initiative focused on safeguarding which saw the team visit EOC, 111, and hold open days in EBS and with the Safeguarding Team, posters and safeguarding key rings on vehicles were also distributed.

15.3   The Trust is not compliant with the 85% level two training requirement for 2016-17. Whilst operational CSR continues into April, both EBS and Bank staff are not compliant for a second year. With 90% compliance set for 2017-18 the Trust needs to consider how this can be achieved.

15.4   General governance of Bank staff is still a concern and a full review has been approved by executive, led by Director of Transformation, Strategy and Workforce in April 2017.

15.5   The safeguarding supervision project has begun to introduce safeguarding supervision into the Trust and has received a good response during the pilot.

15.6   All Trust safeguarding policies are in place and up to date with the Children and Adult policy being reviewed this year and the new Prevent policy to be approved imminently.

15.7   Safeguarding risks are identified and appropriately managed and reviewed at Safeguarding Committee.

15.8   Good progress has been made with the Safeguarding Work Plan for 2016-17.

15.9   This report demonstrates evidence of learning from incidents to improve standards of care to vulnerable patients.

15.10   The continued increase in safeguarding requests for information continues to put pressure on the safeguarding team (failed to provide information for 364 MARACs in 2016-17) and further administration support is required to ensure we can meet the requirements to provide information.

15.11   The Trust continues to work towards 24/7 telephone referrals for staff and hope to be able to achieve this in the next few months following recruitment to EBS team.

15.12   The percentage of staff referrals to local authorities via EBS has risen slightly in 2016-17 to 1.7% of incidents from 1.66% in 2015-16.

Alan Taylor
Head of Safeguarding

Appendix One

Safeguarding Responsibilities within the LAS

Chief Executive and Trust Board
To promote a positive culture of safeguarding

Chief Executive
Take's overall (executive) responsibility for Safeguarding and Child protection strategy and policy

Chief Quality
The Executive Director Lead for Safeguarding
To ensure that safeguarding is positioned as core business in strategic and operating plans and structures.
To oversee, implement and monitor the ongoing assurance of safeguarding arrangements.
To ensure the adoption, implementation and auditing of policy and strategy in relation to Safeguarding

Non- Executive board members
To ensure appropriate scrutiny and provide assurance of LAS safeguarding performance to the Board

Head of Safeguarding
Is the statutory Named Professional for Safeguarding.
Responsible for ensuring that the Trust is compliant with legislation and best practice in relation to safeguarding. Setting Trust strategic objectives and promoting good professional practice within the organization. Provide advice and expertise for fellow professionals. Ensuring the Trusts acts to safeguard children, young people and adults at risk. Reports to Chief Quality Officer.

Safeguarding Specialists- Child and Adult
Provide specialist advise, supervision & training in safeguarding areas. Supporting the Head of Safeguarding to ensure trust is compliant with legislation. Promoting best practice in safeguarding throughout the Trust.

Local Safeguarding leads
Quality Governance Assurance manager (QGAM).
Stakeholder Engagement Managers (SEM)
Attends local Safeguarding Boards and other safeguarding meetings.
Provides assurance on local partnership working to safeguarding team.

Safeguarding Officer
Provides Trust wide link with partner agencies. Co-ordinates attendance at meetings with local leads and provides appropriate paperwork.
Develops chronologies, individual management review, DHR's and other reports on behalf of the Trust. Ensures all cases are logged and followed up. Reports to Head of Safeguarding

Emergency Bed Service
Manage timely referral to social services, MASH or SPOC.
Collates information on referrals and feedback

Equality and Safeguarding Clinical Advisor
Ensures within safeguarding there is a focus on Equality and vulnerable groups (learning disabilities etc) Promoting best practice in this area.

Manager Informs
Chief Quality Officer, or Head of Safeguarding. Who on behalf of Trust will inform the Local Authority Designated Officer (LADO) and consider case.
Or the Safeguarding Adult Manager (SAM)

Make Safeguarding referral via phone or La279/a, La280/a to EBS

Concern about patient

Discuss with line manager

Safeguarding concern about staff

All Staff have a responsibility to report safeguarding concerns

Appendix Two

Safeguarding work plan 2016-17

The Safeguarding Work Plan for 2016-17 will be split into work streams for the directorates / departments who are to action and report on the plan.

It will be the named owner on the work plan who will be responsible for providing regular update to the Head of Safeguarding and the Safeguarding committee. It is hoped that this approach will enable greater ownership of actions and result in greater completion of the plan.

The Work streams are as follow

EBS	HR	PREVENT	Governance
5 Actions	5 Actions	3 Actions	3 Actions

Strategic Safeguarding	Child & Adult Safeguarding	Safeguarding supervision	Equality and Vulnerable patients
3 Actions	4 Actions	4 Actions	3 Actions

Key
Red= Not started or way off track & past completion date with no clear plan
Amber= started but past the identified completion date but with a robust plan in place to achieve the action.
Green=On track and within completion date Blue= Complete
Grey= Closed
Position at end of year

Area	Number of actions for year	Number Red	Number Amber	Number Green	Number Blue
EBS	5	1	2		2
HR	5			1	4
Prevent	3				3
Governance	3				3
Strategic safeguarding	3				3
Child & Adult Safeguarding	4			1	3
Safeguarding Supervision	4		1		3
Equality and Vulnerable patients	3		1		2

Final LAS SC Report May17

![London Ambulance Service NHS Trust logo]

Emergency Bed Service work plan 2016/17

Title		EBS	Improve trust referral systems and processes					
No	**Objective**	**Actions**	**Individual RAG Rating**	**Action owner**	**Timetable for completion**	**Overall Owner**	**Progress**	**Outcome (rag rated)**
1.1	To move from a Fax referral system to secure electronic referral system to local authority to improve data protection and reporting processes.	Consider options available, agree best way to proceed and set timescales.		Alan Hay	Carried over from 2015/16	Alan Hay	25/8. New version of datix to be implemented. 24/7 children telephone referrals end of Sept, followed by review of staffing, time etc. Reviewed at SC 23/2 agreed now datix complete this is complete.	
		Consider if an interim phase one of fax to secure email system is possible		Alan Hay	July 2016			
		Implement datix for managing referrals to a secure email referral.		Alan Hay				
1.2	Move to 24/7 telephone referral system from crews to EBS	Employ & train staff to enable move to telephone referral.		Alan Hay	Carried over from 2015/16	Alan Hay	25/8. Still no authority to recruit Hope to have datix in Sept with 24/7 for children End of September. 14/9 latest from networks regarding the	
		Agree start date and advertise change to staff for phase one 12hrs		Alan Hay & Alan Taylor				
		Agree date for full telephone referral system.		Alan Hay	July 2016			
		Produce prompt sheet on information required for staff.		Alan Hay & Alan Taylor				

							upgrade to our telephony. going to be done after the Avaya upgrade, which realistically puts this well into Q1 2017/18	
1.3	To improve support to those at risk but ensuring we meet requirements to ensure referrals being passed to appropriate agencies/ professionals.	Implement referrals to the police as per the requirements of the Serious Crime Act. .		Alan Hay & Alan Taylor	Carried over from 2015/16	A Hay	Linked to implementation of datix. Oct 16 AH reported 24/7 referrals for children from Nov. Commissioners confirmed LA responsibility to inform GP of safeguarding concerns. Provider only raises an alert to be considered.	
		Investigate requirements to enable the Trust to meet recommendations from SCR's to notify GP of safeguarding concerns identified		Alan Hay	Sept 2016			
		Introduce multiple referrals to • Women's Aid- DA • LFB- Hoarding • PREVENT		Alan Hay & Alan Taylor				
1.4	Improve feedback on referrals to staff.	Produce records of those authorities providing feedback and the quality of the information. Use this to raise compliance with the local authority.		Alan Hay & Alan Taylor	Carried over from 2015/16	Alan Hay & Alan Taylor	Enfield pilot will begin with datix implementation	

![London Ambulance Service NHS Trust logo]

		Action		Lead	Target Date		Progress
		Undertake pilot with Enfield on feedback.		Alan Hay & Alan Taylor	Nov 2016		Member of staff now identified within EBS to chase for 15% feedback from boroughs. 23/2/17 Change in process EBS has identified a member of staff who is chase for 15% feedback across all boroughs.
		EBS to review how best to chase local authority for feedback and how to feedback to staff.		Alan Hay			
		Agree process to ensure all feedback is recorded, and feedback to staff.		Alan Hay & Ginika & Julie			
1.5	To be able to identify repeat referrals and introduce an escalation policy.	To ensure datix web can identify repeat referrals.		Alan Hay	Nov 2016	AH/ AT	Dec 16. Awaiting implementation of datix to complete escalation policy Met on 21/3/17 developing flowchart.
		Agree escalation policy and figures					

London Ambulance Service NHS

NHS Trust

HR Work Plan 2016-17

Title		HR Work Plan 2016-17						
No	Objective	Actions	Individual RAG Rating	Action owner	Timetable for completion	Overall Owner	Progress	Outcome (rag rated)
2.1	Ensure HR managers comply with Allegations against Staff policy.	Ensure HR managers are aware and have policy.		Alan Taylor	Carried over from 2015/16	Alan Taylor & Andrew Buchanan	Emailed AB Awaiting contact details of HR teams 7 Sept 16 1/2/17 2 visits arranged to date. Awaiting to hear from other teams. 3/3/17 emailed AB to chase teams to book.	
		Ensure specific training for HR		Alan Taylor	Oct 2016			
		Visit HR teams across Trust to discuss local issues.		Alan Taylor	On- going meetings arranged			
2.2	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 Savile and KMPG internal audit	HR to produce paper for ELT on three yearly checks. Including outlining costs and options.		Andrew Buchanan	Carried over from 2015/16	Mark Hirst	25/8 Taken to ELT awaiting final decision. 3 yearly checks agreed but not funded or date for implementation . 23/9/19 - Approximately 4,000 staff are in scope -There is an agreed schedule for checking spread	
		ELT/Trust board to take decision on implementing regular DBS checks.		Mark Hirst	Sept 2016			
		DBS checks commenced		Andrew Buchanan				

41

| | | | | | | | over 16/17, 17/18 and 18/19 and starting with Central Services -An administrator from the Recruitment Team has beenidentified to lead the process (Tracey Watts is the overall SRO) -Letters went out to first cohort of circa 200 at the start of September -Staff are asked to authorise a manual check and to sign up to the electronic DBS Update Service -Workforce will report on progress against the 3 year roll-out in the monthly Workforce KPI Report | |

							-Tracey Watts has responded to a request from BHH for confirmation of the process in response to the outcomes of the route cause analysis report.	
2.3	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 internal HR processes and standards and are subject to monitoring and oversight by their own HR managers.	Review of HR policies **KPMG Audit** Ensure recommendations from internal audit in relation to recruitment checks from overseas are included in HR System. *Recommendation:* Our review of the Employment History and Reference Check Policy identified it was due for a review in October 2012, however this has not yet occurred. The risk to the Trust is that the policy is not reflective of current legislation and employment requirements, and that it does not meet the needs of the Trust.		Andrew Buchanan	Carried over from 2015/16 July 2016	Mark Hirst	Question raised at safeguarding committee questioning if we are undertaking correct checks, re national vs state checks awaiting reply from Julie Cook Aug 16 Oct 16 Hi Alan	
		We recommend the Trust completes a full review of this policy to ensure it is up to date with current requirements and addresses the Trust's responsibilities regarding recruitment with reference to safeguarding responsibilities.		Andrew Buchanan			Further to your email below, please see email from Shreene Swan (Recruitment Manager) attached.	

| | | | | | | | This was our rationale for requesting National checks – in that it covers a wider area than the state one. it is also what the Ambulance Trusts in country request and what the Australian Embassy advise those requesting a visa to obtain. Shreene will also check with the Australian Federal Police tomorrow and I will update further then.

I trust this provides the assurance you are seeking, but please let me | |

							know if you need anything further. Kind regards Julie	
2.4	The current DBS checks only apply to candidates from the UK. Therefore the Trust have required overseas candidates to present a certificate of good conduct from the relevant national police force since September 2014. However evidence of this is only recorded in individual HR file and is not recorded on ESR. The risk to the Trust is that they cannot easily identify those staff who have not yet submitted a certificate of good conduct.	Include overseas staff recruitment certificate of good conduct is recorded on ESR. KPMG Recommendation: 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.		Andrew Buchanan	Carried over from 2015/16 Sept 2016	Mark Hirst		
2.5	KPMG- the Trust implement an internal database which can be updated to reflect	Also identified by CQC inspection. Part of QIP.		Andrew Buchanan	Carried over from 2015/16	Mark Hirst	Part of QIP Safeguarding figures will be	

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.				Oct 2016		used from central database from 1/4/17	

Prevent Work plan 2016

Title					Prevent Work Plan 2016-17			
No	**Objective**	**Actions**	**Individual RAG Rating**	**Action owner**	**Timetable for completion**	**Overall Owner**	**Progress**	**Outcome (rag rated)**
3.1	There is a strategic plan for safeguarding adults that includes Prevent and it is an integral part of quality.	Trust appoints a Prevent lead		Briony Sloper	Carried over from 2015/16	Alan Taylor	Policy written awaiting feedback from various leads. Policy to be presented to next safeguarding committee 10th Oct2016	
		Develop and approved strategic Prevent policy		Alan Taylor	August 2016			
3.2	Ensure all staff receive Prevent training	Agree best methods for Training in Trust		Alan Taylor	Carried over from 2015/16	Alan Taylor		
		Ensure clinical staff compliant with requirement.		Tina Ivanov	Feb 2017			
		Ensure Non clinical staff undertake training		Alan Taylor				
3.3	To agree appropriate referral pathway for Prevent concerns including from staff.	Capture Prevent referrals on safeguarding activity report.		Alan Hay	Carried over from 2015/16	Alan Taylor	NHSE new prevent leads in post. Addressing issues re referral pathways 1/12/16. Agreed current procedure is suffice	
		Ensure EBS aware of appropriate pathway for referrals.		Alan Hay				
		Ensure appropriate information is obtained from crews.		Alan Hay	Oct 2016			
		Agree with CONTEST correct referral pathway.		Alan Taylor				

						considering if we should also notify MPS awaiting decision from NHSE.	

Title	Governance Work Plan 2016-17							
No	**Objective**	**Actions**	**Individual RAG Rating**	**Action owner**	**Timetable for completion**	**Overall Owner**	**Progress**	**Outcome (rag rated)**
4.1	Contact all boroughs to request their information sharing agreements.	Obtain an accurate list of borough contacts using EBS contact.		Alan Taylor	September 2016	Alan Taylor		
		Draft letter to boroughs for information.		Alan Taylor				
4.2	Draw up list of all organisations we share safeguarding information with and record progress on signing information sharing agreements	Produce excel sheet with all organisations we share safeguarding information with. Record progress on signing agreements.		Stephen Moore & Alan Taylor	January 2017	Stephen Moore	Sent to SM for completion Aug 16 Awaiting pan London template for signing. 1/2/17Governance working with Capsticks solicitors.	
4.3	Develop ISA with safeguarding referral pathways. Notably LFB and Women's Aid	Develop ISA with LFB		Stephen Moore & Alan Taylor	Feb 2017	Stephen Moore	Awaiting pan London information sharing template. Agreed to close as not impacting on sharing information.	
		Develop ISA with Women's Aid		Stephen Moore & Alan Taylor				

London Ambulance Service NHS
NHS Trust

Equality & Vulnerable Patients

Title	Equality & Vulnerable Work Plan 2016-17							
No	Objective	Actions	Individual RAG Rating	Action owner	Timetable for completion	Overall Owner	Progress	Outcome (rag rated)
5.1	Undertake a GAP analysis and baseline review of trust 1.Safeguarding training 2.General practice in relation to patients with Learning disabilities (LD) assessing services. 3.Present "Service improvement" document to SG committee	Request access to PRF data sets from MI. (Glycaemic emergencies, Conveyed / non conveyed for period June 2015 – June 2016) 6/7/16 LA416 submitted.		Ricky Lawrence	July 2016	Ricky Lawrence	6/7/16 LA416 submitted.	
		Review data set and identify 25 PRF's indicating "LD" in free text or LD box. Conveyed and non-conveyed. Identify 25 PRF's non LD for comparison, Conveyed and non-conveyed.		Ricky Lawrence	November 2016		Data set agreed at 15 with AT &CARU	
		Review trust training and materials for LD		Ricky Lawrence	Feb 2017			
		Draft report on results of GAP analysis to inform the Trust meeting: CQC Outcome 16 "Assessing and monitoring the quality of service provision"		Ricky Lawrence	March 2017		Report presented at safeguarding committee in dec 16 held over to next committee meeting	
5.2	Undertake a GAP analysis and baseline review of trust 1.Safeguarding training 2. General practice in relation to patients with	Request access to PRF data sets from MI. ("Mental health". Conveyed / non conveyed for period June 2015 – June 2016) 6/7/16 LA416 submitted.		Ricky Lawrence	August 2016	Ricky Lawrence	Report presented at safeguarding committee in	

50

	Dementia. 3. Present "Service improvement" document						dec 16 held over to next committee meeting	
		Review data set and identify 25 PRF's indicating "Dementia" in free text. Conveyed and non-conveyed. Identify 25 PRF's for comparison, Conveyed and non-conveyed			Jan 2017			
		Review trust training and materials for Dementia			Feb 2017			
		Draft report on results of GAP analysis to inform the Trust meeting: Compliance with CQC Outcome 16 "Assessing and monitoring the quality of service provision"			March 2017			
5.3	Look at feasibility of partnership working, referral pathway for Dementia pts. To support patient by linking with a Volunteer with the aim to reduce re-attendance 999 calls and hospital readmission.	Scope and develop a partnership with advocate service (AGE UK)? For pilot project. Aim to engage volunteers to befriend a Dementia pt. and or carers, post discharge from Hospital.		Ricky Lawrence	March 2017	Ricky Lawrence		

London Ambulance Service NHS Trust

Strategic Safeguarding

Title	Strategic safeguarding Work Plan 2016-17							
No	**Objective**	**Actions**	**Individual RAG Rating**	**Action owner**	**Timetable for completion**	**Overall Owner**	**Progress**	**Outcome (rag rated)**
6.1	Savile- All NHS trusts should develop a policy for agreeing to and managing visits by celebrities, VIPs and other official visitors.	Comms to draft policy and undertake equality assessment		Fiona Claridge	Carried over from 2015/16	Charlotte Gawne	Completed agreed by ELT with Governance for finalising published.	
		Policy approved by ELT and published on Trust website		Fiona Claridge	Sept 2016			
6.2	Savile-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		Alan Taylor & Sandra Adams	Carried over from 2015/16	Sandra Adams	Charity in active will be revisited if position changes regarding charity work 1/7/16 SA confirmed CEO charity donations go straight to external charity so not part of charitable funds. SO apply and agreed in terms of gifts to raise level of £25	
					May 2016			
6.3	Review all safeguarding policies with introduction of leads and to ensure up to date with recent	Review Safeguarding Children Policy procedures and allegations against staff policy.		Ginikanwa Nwafor-Iwundu	December 2016	Alan Taylor	Policies approved and went to PMAG agreed and published	
		Review Safeguarding Adult policy and procedures.		Julie carpenter				

	guidelines							

London Ambulance Service NHS

NHS Trust

Children & Adults Safeguarding

Title	Children & Adults Safeguarding Work Plan 2016-17							
No	**Objective**	**Actions**	**Individual RAG Rating**	**Action owner**	**Timetable for completion**	**Overall Owner**	**Progress**	**Outcome (rag rated)**
7.0	Increase visibility of Safeguarding Team, particularly Safeguarding Specialist leads	Focus group with internal stakeholders to promote safeguarding team profile, working alongside Supervision project manager		Ginikanwa Nwafor-Iwundu Julie Carpenter	December 2016	Alan Taylor	Emailed QGAM to request dates of meeting for attendance. Agreed specialists to be based in EBS one day a week from October.	
		Weekly visits to EBS Visits to EOC, CHUB & Operations as an expert knowledge resource as and when required		Ginikanwa Nwafor-Iwundu Julie Carpenter				
		Introduction to SEM's and QGAM by attending a monthly meeting.		Ginikanwa Nwafor-Iwundu Julie Carpenter		Alan Taylor		
7.1	Establish and maintain communication to the LAS regarding up to date and relevant topical issues within Safeguarding	Publish children's specific article for the Clinical Update		Ginikanwa Nwafor-Iwundu Julie Carpenter	January 2017	Alan Taylor		
		Publish article on dementia for the Clinical Update						
		Develop SG bulletin with key messages for LAS staff						
		Start engaging with external stakeholders regarding Annual safeguarding conference						
7.2	Develop good working relationships with EBS managers and staff	Develop survey for EBS staff to ascertain where we can support them.		Ginikanwa Nwafor-Iwundu	January 2017	Alan Taylor Alan Hay	Survey sent out. Specialists in	

		Weekly visits from specialist leads Support EBS with calls		Julie Carpenter			EBS 1 day a week from 1st Oct First draft of audit tool seen by specialist 23/2/17 EBS developing own QA tool. Specialist have introduced reference sheet for EBs, referral triangle and review rejected not referred.	
		Develop audit tool with EBS staff to quality assure advise given is appropriate					
7.3	Ensure training is up to date and fit for purpose	Develop safeguarding module for CSR 2016.3		Ginikanwa Nwafor-Iwundu	October 2016	Alan Taylor		
		Review current induction powerpoint and deliver safeguarding induction training		Julie Carpenter				
		Develop database for missed referrals And pathway to disseminate the learning						

London Ambulance Service NHS
NHS Trust

Safeguarding Supervision

Title	Safeguarding supervision Work Plan 2016-17							
No	Objective	Actions	Individual RAG Rating	Action owner	Timetable for completion	Overall Owner	Progress	Outcome (rag rated)
10.1	Scope safeguarding supervision project	Undertake a review of safeguarding needs within Trust		Annie Still	November 2016	Annie Still		
		Scope project plan for the year to include implementation of supervision.		Annie Still				
10.2	Develop safeguarding supervision policy	Write policy		Annie Still	March 2017	Annie Still		
		Undertake EA and agreement of Safeguarding committee and ELT						
		Publish policy						
10.3	Agree and commission supervision training for supervisors	Identify who needs supervision and who will be supervisors.		Annie Still	December 2016	Annie Still		
		Agree company to provide training and agree dates.						
10.4	To use OWR to support staff and audit safeguarding practice	Confirm with OD and OWR workforce development team		Annie Still	June 2017	Annie Still		

London Ambulance Service **NHS**

NHS Trust

Appendix Three

YOUTH VIOLENCE GANG CULTURE STABBINGS SHOOTINGS CHILD TRAUMA Safeguarding

THINK FAMILY
THINK VICTIM
THINK PERPETRATOR
THINK VULNERABLE
THINK PEERS

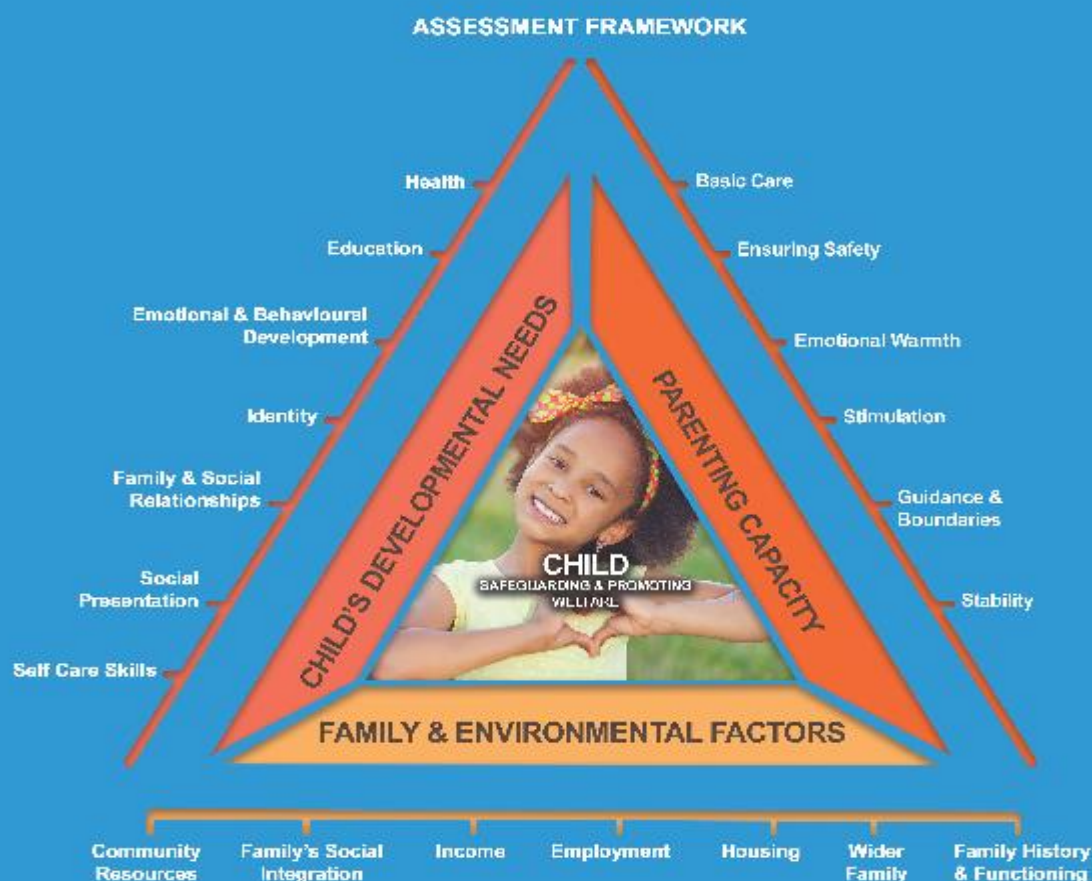HELP THEM BY MAKING A SAFEGUARDING REFERRAL DETAILING CONCERNS.
CONTACT POLICE.