

## Safeguarding Adults at Risk Audit Tool -2018-2019

<b>Organisation:</b>	London Ambulance Service NHS Trust		
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<b>Date audit completed:</b>		Date audit authorised:	

<b>Summary of audit findings and identified issues of concern:</b>			
<b>Actions to be taken Red and Amber areas:</b>			
<b>Area:</b>	<b>Action</b>	<b>Lead</b>	<b>Date</b>
D4 Your organisation has policy/ procedure/guidance setting out clearly the process and principles relating to sharing information across relevant agencies.	Awaiting pan London information sharing agreement	Head of safeguarding	March 2019

<b>Good or best practice examples you would like to highlight, including case examples.</b>	<b>Refers to section in audit tool (e.g. A1, F5)</b>
Annual safeguarding audits of referrals and staff knowledge and retention of learning in place	A4 & B3
Annual Trust safeguarding conference	C3
Dementia work across the trust and films shared nationally	D5 & E1

## SECTION A: LEADERSHIP, STRATEGY, GOVERNANCE, ORGANISATIONAL CULTURE

A1 The organisation has a senior staff member that has the responsibility to 'champion' safeguarding (including mental capacity, prevent, domestic violence and other relevant policy areas) throughout the organisation.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. They have received up to date training in Adult Safeguarding legislation, and where appropriate, the MCA and other policy areas.</p> <p>b. The senior staff member keeps Senior Managers informed of all issues relevant to safeguarding and promoting wellbeing.</p> <p>c. This person will have a job description reflecting this specific role.</p>	<p><b>Trust Compliant with Legislation and has</b></p> <ul style="list-style-type: none"> <li>• <b>Executive Lead for Safeguarding</b></li> <li>• <b>Head of Safeguarding&amp; Prevent</b></li> <li>• <b>Deputy Director lead for MCA</b></li> <li>• <b>1WTE Safeguarding Specialist for adult safeguarding</b></li> <li>• <b>1WTE Safeguarding Specialist for Children.</b></li> <li>• <b>Safeguarding Officer</b></li> <li>• <b>Safeguarding data coordinator and administrator.</b></li> </ul> <p><b>Trust also has a non-executive director with responsibilities including safeguarding. Safeguarding Assurance Group (SAG) meets quarterly where senior managers, Patients forum member, Designated Safeguarding leads from Brent CCG and Safeguarding Team attend.</b></p> <p><b>Evidence to support RAG rating (how do you know?)</b></p> <p><i>Safeguarding specific roles for safeguarding team.</i></p> <p><i>All staff have safeguarding in their JD's</i></p> <p><b>Monthly meetings with Executive lead and Head of Safeguarding</b></p> <p><b>Designated Safeguarding Leads from Brent CCG are members of SAG</b></p>	
<b>Additional Action to ensure improvement by whom</b>	<b>Progress or date completed</b>	
N/A		

A2 The organisation is committed to safeguarding adults and promoting wellbeing and this is explicitly reflected in the organisation (whether by means of mission statement /guiding principles or into strategic documents)

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. The organisation is Care Act compliant, and able to evidence how it is implementing any actions allocated to them as set out in their own framework or strategies</p> <p>b. This commitment is reflected in the level of participation of the organisation in actively supporting the SAB in taking actions in the context of its business plan.</p> <p>c. There is an organisational culture such that all staff are aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled.</p>	<p><b>Trust is Care Act compliant.</b></p> <p><b>Learning and Actions from SAR's etc. are built into education and training.</b></p> <p><b>Terms of Reference for Safeguarding Committee.</b></p> <p><b>Trust operates a hub and spoke design whereby the central Safeguarding team manage workload and reports and local managers attend safeguarding meetings and boards across London. Learning from these events is fed into the central team to consider any trust wide learning.</b></p> <p><b>All staff are aware of their responsibility in relation to safeguarding. Training is provided annually. Trust uses a Safeguarding Action Plan (LA456) form to ensure learning from incidents and reflection on safeguarding practice for example when staff miss a potential safeguarding referral.</b></p> <p><b>Safeguarding Assurance Group reports into Quality Assurance Group which in turn reports to the Quality Oversight Group of the Trust Board.</b></p> <p><b>Staff issued with a pocket book on safeguarding and a pen with pull out MCA and Care Act information. The trust holds an annual safeguarding conference</b></p> <p><b>Key rings added to all service vehicles stating safeguarding is everyone's responsibility and the number to ring for advice or to raise a Safeguarding concern.</b></p> <p><b>Evidence to support RAG rating (how do you know?) see annual report</b></p> <p><b>We have a live safeguarding work plan/ critical success factors; progress against this is reviewed at Safeguarding Assurance Group and published in our annual report.</b></p>	
<p><b>Additional Action to ensure improvement by whom</b></p>	<p><b>Progress or date completed</b></p>	
<p><b>N/A</b></p>		

A3 There is demonstrable commitment at the Internal Board level (or equivalent) to Safeguarding Adults. This includes senior management representation on the SAB (*Board members need to be sufficiently senior to commit resources and make strategic decisions*) as well as demonstrable commitment to participation in any Safeguarding Adult Review (SAR) undertaken by the Board.

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. The Service has a system for reviewing concerns and referrals which is integrated with complaints and serious incidents reporting process and policy.</p> <p>b. The organisation recognises safeguarding as integral to quality and best practice and the relevant connections are made at all levels between related issues such as dignity in care; equality; balancing choice and safety.</p> <p>c. Relevant connections are made across a range of reviews (Child Serious Case Review; Domestic Homicide Review).</p>	<p><b>Board level engagement across London’s 32 boroughs is challenging and is a mixed picture. Have been working with London Chairs Group to agree attendance of once a year at all boards.</b></p> <p><b>Trust has own Safeguarding Assurance Group which Designated Safeguarding Leads from Brent CCG are a member. It reports to Quality Assurance Group</b></p> <p><b>SI’s are shared with Safeguarding Team. Executive Lead &amp; Head of Safeguarding are members of the SI group.</b></p> <p><b>Patient Experiences Department share complaints of a safeguarding nature with the safeguarding team for comment and the frequent caller team work closely with the safeguarding team where there is safeguarding concerns.</b></p> <p><b>SCR, SAR and DHR are reviewed for learning and any patterns of behaviour or gaps.</b></p> <p><b>Evidence to support RAG rating (how do you know?)</b></p> <p><b>SI Group minutes shared with Safeguarding team.</b></p> <p><b>PED refer all safeguarding issues to team for consideration</b></p> <p><b>Learning is shared via Clinical Update, Safeguarding training &amp; Bulletins etc.</b></p>	
<p><b>Additional Action to ensure improvement by whom</b></p>	<p><b>Progress or date completed</b></p>	
<p><b>N/A</b></p>		

A4 The organisation evidences candour and openness internally and in its relationship to the SAB.

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. shares learning with partner organisations and internally (as appropriate)</p> <p>b. transparent about its mistakes when they occur and understands the importance of being open and transparent.</p> <p>c. identifies challenges to this open culture and puts plans in place to addresses these</p>	<p><b>The Trust has a duty of candour champion. We share all learning internally via bulletins, annual refresher training and our new “In sight magazine” which highlights incidents and where the trust has learning points or have learnt from incidents.</b></p> <p><b>Trust learning is also shared with the National Ambulance Safeguarding Group (NASG) to ensure wider learning across UK. Dementia DVD produced and shared nationally with ambulance trusts.</b></p> <p><b>Child deaths in the LAS are reviewed and referred for SI consideration where appropriate and if declared CDOP is informed and final report is sent for their consideration.</b></p> <p><b>Hoarding cases are shared with London Fire Brigade via an information sharing agreement.</b></p> <p><b>The trust also has an information sharing agreement with Women’s Aid where we issue the helpline number to victims or make a referral on their behalf.</b></p> <p><b>The Trust has an annual safeguarding audit plan and shares audit findings both internally and externally to improve practice and aid learning.</b></p> <p><b>Any potential serious safeguarding incidents involving staff are considered at the Serious Incident Group and recorded on Datix notifying the NRLS.</b></p> <p><b>Evidence to support RAG rating (how do you know?)</b>  <b>Evidence of published articles and notifications. Annual Report</b>  <i>Trust has a duty of candour policy.</i></p>	
<b>Additional Action to ensure improvement by whom</b>	<b>Progress or date completed</b>	
N/A		

A5 The organisation ensures high quality legal advice is made available to staff on both safeguarding adults and the Mental Capacity Act/DoLs, with legal literacy evidenced in safeguarding cases		
<b>Arrangements to achieve this standard:</b>	<b>Discussion points / comments</b>	<b>RAG Rating</b>
<p>a. making available to managers and staff regular updates from the Court of Protection</p> <p>b. MCA designated lead will be desirable/required (see for example Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework, NHSE, July 2015 para 4.2.5 in respect of CCGs)</p>	<p><b>The Trust has a legal department who supports staff with coroners’ courts etc. They can also provide legal advice when required on cases including child protection cases</b></p> <p><b>Staff have access to the Trust MCA lead. They can also contact the Safeguarding Team for advice and guidance. The Trust also now has Mental Health Nurses in the control room to assist staff with issues around mental capacity and mental health.</b></p> <p><b>Prior to court attendance, meetings are arranged with staff and managers. Managers support staff as part of witness support arrangements.</b></p>	
	<b>Evidence to support RAG rating (how do you know?)</b>	
	<p><b>Bulletins and articles</b></p> <p><b>Pen issued to all staff with pull out section on MCA.</b></p>	
<b>Additional Action to ensure improvement by whom</b>	<b>Progress or date completed</b>	
<b>N/A</b>		

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

B1 Organisational policies make reference to Safeguarding Adults and all relevant legislation (including but not limited to MCA, Human Rights Act and so forth).		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. There are organisational policies and procedures reflecting your organisation's responsibility to safeguard <i>and promote wellbeing</i></p> <p>b. These procedures reflect and cross refer to the Care and Support Statutory Guidance and London Multi Agency Safeguarding Adults Policy &amp; Procedures 2016</p> <p>c. They demonstrate the principles of the Human Rights and MCA</p> <p>d. Clear lines of accountability, from an individual employee up to the most senior person</p> <p>e. reference to the importance of keeping accurate records as well as guidance to support staff</p>	<p><b>The Trust has a suite of policies for adult Safeguarding that are Care Act compliant and reference relevant legislation.</b></p> <ul style="list-style-type: none"> <li>• <b>Adults at Risk policy and procedures in place</b></li> <li>• <b>Domestic Abuse policy</b></li> <li>• <b>Safeguarding Allegations Against Staff policy</b></li> <li>• <b>Safeguarding Supervision Policy</b></li> <li>• <b>Prevent policy</b></li> </ul> <p><b>Policies are reviewed by executive lead and SAG they are then reviewed by the Policy, Monitoring and Approval Group (PMAG)</b></p>	
	Evidence to support RAG rating (how do you know?)	
	<i>Trust has a flow chart of safeguarding trust responsibilities</i>	
Additional Action to ensure improvement by whom	Progress or date completed	
N/A		

<b>B2</b> Where services are commissioned, agreements reflect the requirement between commissioners and providers to have regard to the need to safeguard, and promote the wellbeing of people who use services, including compliance with MCA and DoLS.		
<b>Arrangements to achieve this standard:</b>	<b>Discussion points / comments</b>	<b>RAG Rating</b>
<ul style="list-style-type: none"> <li>a. Invitations to tender, contracts and contract monitoring reflect this and relevant standards and regulations.</li> <li>b. There are explicit clauses that hold providers to account for preventing and dealing promptly and appropriately with abuse and neglect.</li> <li>c. Commissioners can demonstrate that they assure themselves that services are compliant.</li> <li>d. Contracts evidence how compliance with the MCA will be monitored.</li> <li>e. There is a strong advocate within the organisation for the MCA/DoLS</li> </ul>	<p><b>The Trust has a Private Ambulance Manager who oversees contracts with Private Ambulance services who the LAS contract to assist with workload. Safeguarding requirements are clearly outlined in their contract and annual monitoring of compliance with standards is undertaken.</b></p> <p><b>Private ambulance services make safeguarding referrals through the LAS process so audits can be undertaken on quality and appropriateness of alerts.</b></p> <p><b>MCA is covered within the training provided which is to level two for clinical ambulance staff.</b></p>	
	<b>Evidence to support RAG rating (how do you know?)</b>	
	<b>All previous improvement notices have been reviewed and lifted.</b>	
	<b>Progress or date completed</b>	
<b>Additional Action to ensure improvement by whom</b>		
<b>N/A</b>		



**B3:** The organisation takes a broad view of what constitutes abuse and demonstrates awareness of statutory duty to report; evidence of learning and engagement with concerns/issues established as being included under the safeguarding remit in the Care and Support statutory guidance.

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. Demonstrates awareness of where stat duty to report, such as FGM, prevent, and modern slavery</p> <p>b. Types of abuse reflected in organisations policy or local practice guidance</p> <p>c. Organisation can demonstrate that it takes steps to prevent abuse and neglect taking place</p>	<p><b>Policy and procedures reflect duty to report FGM and also covers modern slavery, domestic abuse and Prevent. The Trust also has a stand-alone Prevent policy and procedure, Domestic Abuse policy, Safeguarding Supervision policy and Safeguarding allegations against staff policy.</b></p> <p><b>Trust is good at reporting concerns for both welfare and Care needs and safeguarding.</b></p> <p><b>The Trust made Modern Slavery, Prevent and FGM referrals last year and reporting processes are in place. Staff are aware of the need to document FGM on paperwork and the duty to report appropriate cases.</b></p> <p><b>The trust has annual face to face safeguarding training and topics covered include learning from incidents and national priorities.</b></p> <p><b>Trust has an annual safeguarding audit plan to review practice throughout the trust</b></p> <p><b>The Trust has an annual safeguarding audit plan in place to review practice and learning, findings are shared internally and externally with partner agencies.</b></p> <p><b>See annual report for evidence.</b></p> <p><b>Evidence to support RAG rating (how do you know?)</b></p> <p><i>All clinical staff undertook safeguarding level 2 training and refresher training in 2017-18. See annual report for figures and topics covered.</i></p>	
<p><b>Additional Action to ensure improvement by whom</b></p>	<p><b>Progress or date completed</b></p>	
<p>N/A</p>		

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

C1 Your organisation has robust and safe recruitment procedures and practices in line with guidance from the Adult Safeguarding Board and relevant learning from reviews.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. policies on when to undertake checks /DBS</p> <p>b. the responsibility for all staff in relation to safeguarding, and promoting wellbeing is stated within all job descriptions</p> <p>c. professional standards in relation to safeguarding are underlined</p> <p>d. induction standards include the need to ensure new staff are made aware of their responsibilities to safeguard and promote wellbeing.</p>	<p><b>The Trust has safer recruitment policies in place that covers DBS checking.</b></p> <p><b>Safeguarding Allegations Against Staff policy outlines process for notification to DBS or professional body.</b></p> <p><b>Safeguarding is included in all trust staff job descriptions.</b></p> <p><b>Safeguarding is included in the Corporate induction programme</b></p> <p><b>International student certificate of conduct is included on HR systems.</b></p> <p><b>Trust is undertaking DBS rechecks of all eligible staff following Savile recommendations and this is being monitored by the Workforce Committee with SAG oversight.</b></p> <p><b>HR managers and safeguarding team meet monthly to review progress against agreed DBS action plan.</b></p>	
	Evidence to support RAG rating (how do you know?)	
	Can provide examples of JD, induction programme and record of attendance as required.	Yes
Additional Action to ensure improvement by whom	Progress or date completed	
N/A		

C2 The organisation's staff supervision policy and reflective practice supports effective safeguarding. It recognises that skilled and knowledgeable supervision focused on outcomes for adults is critical in safeguarding work and enable staff to work confidently and competently with difficult and sensitive situations		
<b>Arrangements to achieve this standard:</b>	<b>Discussion points / comments</b>	<b>RAG Rating</b>
<ul style="list-style-type: none"> <li>a. There is a policy on frequency that employees in contact with adults at risk receive regular supervision and an appraisal.</li> <li>b. All staff has regular reviews of practice to ensure competence to carry out safeguarding</li> <li>c. Discussion on safeguarding issues is specifically facilitated in supervision so that staff feels able to raise concerns and are supported in their role</li> <li>d. Evidence of reflective practice sessions or opportunities</li> </ul>	<p><b>Introduced safeguarding supervision into the LAS in 2018.</b></p> <p><b>Delivering group and individual safeguarding supervision to identified staff groups.</b></p> <p><b>All staff have access to supervision if required.</b></p> <p><b>Safeguarding Supervision Policy outlines staff groups and requirements for supervision.</b></p>	RAG Rating
	<b>Evidence to support RAG rating (how do you know?)</b>	
	<i>Example: supervision policy, template, recording requirements</i>	
	<b>Figures and type reported in annual report. Templates available on request.</b>	
<b>Additional Action to ensure improvement by whom</b>	<b>Progress or date completed</b>	
<b>N/A</b>		

C3 All staff working with adults at risk should receive appropriate training and work within an environment to enable them to competently respond to safeguarding concerns and meet the needs of adults at risk.

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. Training is mapped against staff levels so they understand what they need to attend</p> <p>b. Training updated regularly to reflect best practice</p> <p>c. Demonstrate subject areas of training are appropriate for your organisation (MCA, DoLS, Prevent, FGM, DV and so forth)</p> <p>d. Training links with safeguarding children and equality and diversity issues</p> <p>e. A framework to assess competency in Safeguarding and the MCA is integrated into existing supervision and appraisal systems.</p> <p>f. Work and caseloads allow practitioners to manage safeguarding appropriately</p>	<p><b>Trust has a safeguarding training plan and has identified which staff group require which level of safeguarding training.</b></p> <p><b>Refresher safeguarding training changes annually to reflect issues identified or learning from commissioned reviews or national local priorities. Training is undertaken in conjunction with safeguarding children with staff receiving 2 hours a year for level 2.</b></p> <p><b>Safeguarding and MCA is discussed within operational workplace reviews and any areas identified referred to safeguarding team, or MCA lead.</b></p> <p><b>Staff issued with safeguarding pocket books, FGM booklets and pens covering MCA.</b></p> <p><b>Staff safeguarding action plan (LA456) used to improve learning when issue identified i.e. missed referral.</b></p> <p><b>Flow chart for domestic abuse produced to aid staff in appropriate pathway to use, i.e. Women’s Aid domestic abuse cases.</b></p> <p><b>Visibility days are held across the Trust in each operational area and in Control services and 111.</b></p> <p><b>Annual safeguarding conference held for staff.</b></p> <p><b>Regular safeguarding article in clinical newsletter</b></p> <p>Evidence to support RAG rating (how do you know?)</p> <p>Copy of LA456 if required.</p> <p>Audit of staff knowledge retention is part of the Trust Safeguarding audit plan for 2018-19</p>	
<p><b>Additional Action to ensure improvement by whom</b></p>	<p><b>Progress or date completed</b></p>	
<p>N/A</p>		

C4 Your organisation has written guidance & procedures for handling complaints and allegations against staff and this is clearly accessible to staff.

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. A whistle-blowing policy and a culture that supports staff in raising concerns regarding safeguarding issues.</p> <p>b. It includes appropriate referral to the Disclosure and Barring Service and Disclosure and Barring updates</p> <p>c. Your organisation has a code of conduct for staff working directly with adults at risk, concerning acceptable and unacceptable behaviour including discrimination and bullying.</p>	<p><b>Trust has the following</b></p> <ul style="list-style-type: none"> <li>• <b>Freedom to Speak Up Policy</b></li> <li>• <b>Safeguarding allegations against staff policy.</b></li> </ul> <p><b>The Allegations policy includes when to refer to DBS or professional body</b></p> <p><b>The Executive lead for Safeguarding and Executive Lead for People and Culture meet monthly with the Head of Safeguarding &amp; Prevent and Senior HR Manager to review all safeguarding allegations against staff</b></p> <p><b>Trust staff are fully aware of code of conduct</b></p>	
	<p><b>Evidence to support RAG rating (how do you know?)</b></p>	
	<p><b>Policies available if required</b></p>	
<p><b>Additional Action to ensure improvement by whom</b></p>	<p><b>Progress or date completed</b></p>	
<p><b>N/A</b></p>		

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

D1 Your organisation is represented and engaged at the SAB and/or its sub-groups.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. Frequency and participation during attendance at SAB meetings and subgroup meetings is noted.</p> <p>b. The SAB representative reports back to the right level in the organisation ensuring that the broader organisation engages with the partnership and its objectives.</p> <p>c. Partners provide resources or funding to enable the Board to carry out its duties under the Care Act.</p>	<p><b>The LAS operates a hub and spoke method to safeguarding across London. The Head of Safeguarding attends both the London Safeguarding Children Board and the London Safeguarding Adult Board. Specialists attend the London Safeguarding Adult Network the London Professionals Group and NHSE Safeguarding Groups. The Trust sends local senior managers to the local safeguarding boards where requested.</b></p> <p><b>Minutes note attendance and feedback from meetings provided to Head of Safeguarding for Trust learning. Assistant Director of Operations attends SAG.</b></p> <p><b>In relation to safeguarding boards the NHSE provides funds on behalf of health.</b></p> <p><b>Evidence to support RAG rating (how do you know?)</b></p> <p><b>LAS is engaged across London, record of partnership working is in the annual report,, in the region of 300 safeguarding meetings are attended by LAS each year.</b></p> <p><b>The Head of Safeguarding attends the London Adult Chairs meeting when invited and discusses LAS engagement.</b></p> <p><b>LAS has written a proposal for managing safeguarding across the 64 Boards going forward and is working with chairs to establish an annual scrutiny event where all boroughs can scrutinise our compliance in relation to safeguarding.</b></p>	
Additional Action to ensure improvement by whom	Progress or date completed	
N/A		

D2 The organisation evidences its engagement and transparency with the partnership in safeguarding adults through compliancy with London Multi Agency Adult Safeguarding Policy & Procedures 2016.

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. Organisation raises concerns appropriately</p> <p>b. Immediate steps taken to protect the adult where appropriate and protect forensic evidence</p> <p>c. Organisation engages appropriately in multi agency efforts to prevent and intervene when caused to do so</p> <p>d. Attendance at safeguarding meetings as appropriate</p>	<p><b>Trust engages with the 32 Adult boards and sub groups. The trust attends Strategy Meetings etc.</b></p> <p><b>Annual report contains details on amount of engagement across London.</b></p> <p><b>Evidence to support RAG rating (how do you know?)</b></p> <p><b>Local leads engaged with strategy meetings which are mostly arranged through Safeguarding Officer and Data Coordinator and Administrator.</b></p> <p><b>Internal action plan includes items from reports and serious case reviews.</b></p> <p><b>Referral rates continue circa 1400 per month.</b></p> <p><b>Introduced pathways for referrals to Women’s Aid for domestic abuse and LFB for hoarding cases.</b></p> <p><b>Care Home Review Group- reviews incidents from care homes and escalates to CCG/CQC any care or practice concerns.</b></p>	
<b>Additional Action to ensure improvement by whom</b>	<b>Progress or date completed</b>	
N/A		

D3 The organisation evidences that action plans from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) nationally and locally drive improvement internally and across the partnership.

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. There is evidence that internal action plans/learning (e.g. from Serious Incidents, SARs, DHRs and complaints) are shared with the SAB</p> <p>b. Learning is facilitate across partners</p> <p>c. There is triangulation of data that will inform decision making</p>	<p><b>The Trust attends a number of local DHR's.</b></p> <p><b>Serious Case Review findings included in the Trusts Safeguarding action plans.</b></p> <p><b>Safeguarding board minutes evidence discussion and learning.</b></p> <p><b>Executive lead for Safeguarding &amp; Head of Safeguarding is a member of the Trust Serious Incident Group.</b></p> <p>Evidence to support RAG rating (how do you know?)</p> <p>Trust safeguarding action plan available if required live document.</p> <p>Trust Safeguarding Specialist for Adults attends Safeguarding Adult Reviews across London to ensure learning and recommendations are implemented within the Trust.</p> <p>Any learning is shared nationally with other ambulance trusts through NASG National Ambulance Safeguarding Group.</p> <p>Trust has an annual safeguarding audit plan which is review at SAG.</p>	
<p><b>Additional Action to ensure improvement by whom</b></p>	<p><b>Progress or date completed</b></p>	
<p><b>N/A</b></p>		



D4 Your organisation has policy/ procedure/guidance setting out clearly the process and principles relating to sharing information across relevant agencies.

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> <li>a. This is in line with London Policy and Care and Support Guidance. Safeguarding.</li> <li>b. It takes account of available protocols/guidance (local SAB, SCIE, Care Act and Safeguarding Children)</li> <li>c. All relevant staff are trained in applying this including in the context of Safeguarding Adults.</li> <li>d. Local and national learning from Safeguarding Adult reviews informs development and review of the policy/procedure/guidance</li> </ul>	<p><b>Safeguarding Policies reference information sharing processes</b></p> <p><b>staff safeguarding pocket book includes details on information sharing.</b></p> <p><b>TP29 Records management and information lifecycle policy 2011 details information sharing and staff safeguarding training includes information sharing.</b></p> <p><b>The Trust has signed a number of ISA's across London but is hopeful the Pan London Information Sharing Agreement will be published soon that we will be able to use across all areas of safeguarding.</b></p>	
	Evidence to support RAG rating (how do you know?)	
	Still awaiting multi agency ISA to be agreed by NHSE solicitors.	
<b>Additional Action to ensure improvement by whom</b>	<b>Progress or date completed</b>	
<b>ISA template to be agreed by solicitors</b>	<b>2018-19</b>	

D5 Your organisation has a focus on the need for preventing abuse and neglect.		
<b>Arrangements to achieve this standard:</b>	<b>Discussion points / comments</b>	<b>RAG Rating</b>
<p>a. Measures are in place to minimise the circumstances which make adults vulnerable to abuse (i.e. isolation)</p> <p>b. Your organisation works together with other to implement quality assurance, robust risk identification and risk management processes in order to prevent concerns escalating to a point where intervention is required under safeguarding adult procedures.</p> <p>c. This includes commissioners working together to assure themselves of the quality and safety of the organisations they place contracts with.</p>	<p><b>Trust raises welfare and care concerns with the local authority so action can be taken before someone becomes abused or neglected. Trust undertake annual audits of safeguarding practice</b></p>	
	<p><b>Evidence to support RAG rating (how do you know?)</b></p>	
	<p><b>Annual safeguarding audits undertaken. Audit findings are added to action plan where required. Education and training is also provided to staff on issues identified.</b></p> <p><b>Working with MET Police on education on when to inform police of concerns.</b></p> <p><b>Brent CCG Safeguarding Designates attend LAS SAG and review our training and education materials.</b></p> <p><b>Trust produced 4 short films on dementia this year which has been shared nationally. One of which focuses on safeguarding concerns.</b></p>	
<b>Additional Action to ensure improvement by whom</b>	<b>Progress or date completed</b>	
N/A		

## SECTION E: ADDRESSING ISSUES OF DIVERSITY

*E1 Your organisation delivers in accordance the public sector Equality Duty. This is used to inform safeguarding strategy, including taking measures to promote equality and reduce inequalities in access to and outcomes from services.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. Equality duty is used to inform safeguarding actions, including strategies/ frameworks and any policy or procedures</p> <p>b. Measures taken to promote equality and reduce inequalities in access to service and the outcomes from services.</p> <p>c. Staff are aware of and complaint with the equalities duty</p>	<p><b>Staff record protected characteristics on their Patient Report Forms. Safeguarding referrals/alerts does capture equality data and this is published in the annual report and reviewed by the Safeguarding Committee.</b></p> <p><b>The Trust provides equality training to staff.</b></p> <p><b>Trust secured funding to produce a set of 4 films on dementia including the language of dementia, communication over the phone, assessing challenging behaviour and safeguarding issues</b></p> <p><b>Safeguarding Adult Specialist is Trust LeDeR lead and Dementia Champion.</b></p> <p><b>Dementia friends awareness training is available across the Trust with about 135 staff having received this to date.</b></p>	
	Evidence to support RAG rating (how do you know?)	
Additional Action to ensure improvement by whom	Progress or date completed	
N/A		

\*E2 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.

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<p>a. Their experience is recorded and the organisation learns from it.</p> <p>b. Individuals who use services and their carers/families also influence and inform more broadly the development of the organisation's strategic approach to safeguarding and related agendas.</p>	<p><b>Staff ask when raising a safeguarding concern what outcome the patient would like and this is included in the concern to the local authority.</b></p> <p><b>Safeguarding Specialists quality assure No sends and spend a day a month in Emergency Bed Service (EBS) overseeing trust safeguarding concern process which EBS manages, providing support and guidance to staff.</b></p> <p><b>Feedback from local authorities on referral is slowly improving up from 2% to 10% work has been on-going with London boards to encourage local authority to improve feedback which will enable learning and development.</b></p>	
	<p><b>Evidence to support RAG rating (how do you know?)</b></p>	
	<p><i>Dementia patient and carers used in films developed by the LAS</i></p> <p><i>LAS has a staff safeguarding action plan (LA456) which is used to evidence learning from incidents.</i></p>	
<p><b>Additional Action to ensure improvement by whom</b></p>	<p><b>Progress or date completed</b></p>	
<p>N/A</p>		

## SECTION F: THE SERVICE CAN DEMONSTRATE THAT PEOPLE WHO USE SERVICES ARE INFORMED ABOUT SAFEGUARDING AND EMPOWERED BY THE ORGANISATION'S RESPONSES

*F1 The principle of Making Safeguarding Personal is at the heart of the organisation's practice.		
Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> <li>a. Person-led and outcome-focused practice in safeguarding is demonstrated.</li> <li>b. Adults are sought consent to safeguarding and their views on next steps</li> <li>c. Outcomes are identified to steer an enquiry</li> <li>d. Strong patient/service user outcome focus within organisations quality assurance process and practice</li> </ul>	<p><b>Staff ask patients about what outcome they would like from the concern being raised with local authority.</b></p> <p><b>Consent is sought before alerts are raised unless acting in best/public interest. This is recorded on the concern.</b></p>	
	<b>Evidence to support RAG rating (how do you know?)</b>	
	<i>Referrals include consent information and also what outcome patients would like..</i>	
<b>Additional Action to ensure improvement by whom</b>	<b>Progress or date completed</b>	
N/A		

\*F2 Your organisation has written information available to adults at risk and their families about safeguarding adults including who to contact if they are concerned about an Adult at Risk.

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
<ul style="list-style-type: none"> <li>a. Arrangements are in place to support those for whom English is not their first language.</li> <li>b. Information is provided in a range of formats and languages.</li> <li>c. Information contained is plain English and accessible</li> </ul>	<p><b>Website contains information on abuse and neglect and how to report.</b></p> <p><b>Staff have access to language line as well as pocket aids</b></p> <hr/> <p><b>Evidence to support RAG rating (how do you know?)</b></p> <p><b>Have easy read materials on abuse and neglect. Staff have a communication pocket book to use with patients who may have difficulty communicating.</b></p>	
<b>Additional Action to ensure improvement by whom</b>	<b>Progress or date completed</b>	
N/A		

\*F3 Your organisation supports individuals to access their right to an independent advocate *where an adult has substantial difficulty in being involved in the safeguarding process* and they have no suitable representation or support. (Care and support statutory guidance 14.43)

Arrangements to achieve this standard:	Discussion points / comments	RAG Rating
a. Staff are clear how to access advocacy b. There is information for adults and their families c. Consideration if given as to the appropriateness of types of advocacy	<b>Not applicable for ambulance Trusts</b>	
	<b>Evidence to support RAG rating (how do you know?)</b>	
	<i>Example: data that shows number of referrals for an advocate</i>	
<b>Additional Action to ensure improvement by whom</b>  <b>N/A</b>	<b>Progress or date completed</b>	