



London Ambulance Service **NHS**
NHS Trust

Safeguarding Adults in need of care and support Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to ensure all LAS staff are aware of, can recognise, and report cases of suspected abuse of an adult in need of care and support.

Sponsor Department: Clinical & Quality Directorate

Author/Reviewer: Head of Safeguarding. To be reviewed by May 2020

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Amendment History			
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15/12/16	4.2	Safeguarding Adult Specialist	
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12/05/15	3.3	IG Manager	Document Profile and Control, Implementation Plan and Appendix updates
23/02/15	3.2	Named Professional for Safeguarding	Major changes- Care Act implementation
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28/05/13	2.7	Named Professional for Safeguarding Adults	Further changes made throughout document.
29/05/12	2.6	IG Manager	Formatting changes
15/05/12	2.5	Deputy Head of Patient Experiences	Major changes

30/08/10	2.4	Head of Patient Experiences	Major changes.
15/07/10	2.3	Head of Patient Experiences	Added scope, responsibilities and monitoring
17/09/10	2.2	EBS Emergency Bed Service Manager	Amended Appendix 1 form LA280
27/09/08	2.1	Head of Governance and Head of Patient Services	Addition of monitoring
15/10/07	1.1		

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Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Care Act 2014	
	No Secrets: Guidance on Developing and Implementing Multi Agency Policies and Procedures to Protect Vulnerable Adults from Abuse; DH, 2000	
	Safeguarding Adults: The role of Health Service Managers and their Boards; DH 14.03.2011	
	Protecting adults at risk: London multi agency policy and procedures to safeguard adults from abuse; Scie, 01.11	
	Safeguarding Adults: The role of Health Service Practitioners; DH, 2011	
	Mental Capacity Act (2005)	
	Public Interest Disclosure Act 1998	
	Children Act 2004	
OP/31	Policy and Procedure for Consent to Examination or Treatment	
TP/009	Policy for Access to Health Records, Disclosure of Patient Information: Protection and use of Patient Information	
HR/07/22	Whistleblowing Policy	
HR/09/02	Disciplinary Procedure	
LA280	Vulnerable Adult in Need/at Risk Form	

Document Status: This is a controlled record as are the document(s) to which it relates. Whilst all or any part of it may be printed, the electronic version maintained in P&P-File remains the controlled master copy. Any printed copies are not controlled nor substantive.

1. Introduction

Given the nature of emergency care, ambulance staff are often the first on scene to provide treatment at any emergency situation. Optimum practice in recognising and protecting adults at risk from significant harm and abuse is most effective by using a multi-agency approach, and ambulance staff can play an immediate role in progressing matters by alerting the relevant authorities. The Trust's safeguarding structure is designed to support and embed practice in collaborating with professional colleagues and ensure staff are familiar with national guidance.

This policy offers a mechanism and practice guidance to enable ambulance staff to raise any concerns which are then reported to the appropriate agency, most usually the local authority Social Care department, for consideration of further action. It should be emphasized that the role of ambulance staff is not to investigate concerns but to ensure that they are passed to the relevant agency to action accordingly.

Department of Health guidance emphasizes that safeguarding adults is a core responsibility of the NHS. This policy sets out the commitment of the Trust to safeguard adults and outline how we will deliver our responsibilities in adherence to DH guidance (March 2011), *Safeguarding Adults* (ADASS 2005), and the Care Act 2014, which replaces the "No Secrets" guidance.

This policy should be read in conjunction *with Protecting Adults At Risk*: London multi-agency policy and procedures to safeguard adults from abuse; SCIE, 2011 (2015).

It should be recognised that many situations where it is beneficial to bring a patient's circumstances to the attention of the local authority social care department, may not constitute a safeguarding issue in terms of the definitions used in this policy. That should not detract from a concern being made providing consent has been obtained, when an adult is unable to contact the local authority directly themselves as this will enable social services to take a view on what action, if any, needs to be taken.

2. Scope

This policy applies to all staff, contractors, voluntary agencies and volunteers who work for, in conjunction with or on behalf of the Trust, including those staff, observers and visitors who may not come into direct contact with patients.

3. Objectives

To ensure that all Trust employees, contractors and volunteers are aware of their responsibilities to uphold the rights of adults at risk, and to take action to prevent them from experiencing neglect, harm or abuse.

To ensure that all Trust employees, contractors and volunteers can recognise the signs of suspected abuse and treat patients with sensitivity irrespective of their personal circumstances or protected characteristics¹ as defined in the Equality Act 2010.

4. Responsibilities

Trust Board

To scrutinise and ensure safeguarding obligations are met. The Trust Board also ensures that safeguarding remains integral to the Trust and is not compromised by operational or financial pressures.

Chief Quality Officer

To provide executive leadership for safeguarding across the organisation, ensuring safeguarding is a priority and a regular agenda item at a senior level and are accountable for the governance of safeguarding to the Board, regulators and partners. Make referrals to the Independent Safeguarding Authority or its successors.

Medical Director

To Act as the Trusts Caldicott Guardian and provide expert clinical advice.

Director of Operations

To ensure operational implementation and adherence to this policy. To authorise the release of operational staff to contribute to external safeguarding investigations and monitor compliance of all contractors who come into contact with patients.

Director of Workforce

To ensure that the Trust is compliant with all safeguarding training requirements and that all staff receive the appropriate level of training. That records are kept on the required training statistics and ensures that the Trust's recruitment process follows that of the Safer Recruitment guidelines.

Clinical and Quality Directorate

To provide expert guidance and Clinical Leadership, quality assurance of clinical practice and to lead improvements in this area.

Emergency Bed Service (EBS) Manager

To co-ordinate and quality assure the referral process and ensure routine quality assurance and effective communication with local authorities and other partners regarding the safeguarding referral. To ensure that safeguarding referrals are of a

¹ Protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation, Equality Act 2010.

good standard whilst providing an advisory role to LAS staff. regarding safeguarding queries.

Head of Safeguarding & Named Professional for Safeguarding

To enable safeguarding activity across the Trust, including setting the strategic objectives for the Trust and ensure Trust is compliant with current legislation and appropriate governance is in place that supports the safeguarding agenda and works with partner agencies.

Safeguarding Officer

Point of contact for all safeguarding enquiries. Respond in a timely manner to requests from partner agencies for information arising from concerns made by LAS Trust staff. Respond to concerns about the safeguarding process and responsible for the delivery and drafting of serious case review documentation, incident reports and unexpected child death documentation.

Safeguarding Specialist – adults

To Support the safeguarding of adults agenda within the Trust, provide expert opinion and lead on the development of internal safeguarding training, safeguarding processes, audit work and quality assurance.
To develop and ensure robust safeguarding systems and processes within the Trust.
To ensure ongoing monitoring, evaluation and review of safeguarding arrangements and processes within the Trust to ensure they meet current legislation and best practice.

Quality Governance & Assurance Managers / Stakeholder Engagement Managers

To act as representatives of the Trust at Local Safeguarding Adults Board meetings and strategy meetings etc, in relation to specific cases, having been briefed by the Safeguarding Officer as the point of central contact. To arrange for the staff involved in any incident to be supported and to offer evidence of their experience and observations.

Operational staff including 111

Assess patient's safeguarding needs and in discussion with the patient where safe obtains their desired outcome and consent for raising a safeguarding concern and where appropriate to make concern known to the Local Authority Children's Services via EBS and/or the MPS via EOC about suspected neglect, harm or abuse; contribute to investigations as required and directed.

Workforce, Contractors and Volunteers

All staff, contractors, volunteers, observers and visitors have a duty to act and respond to concerns about safeguarding in a timely manner, and undertake safeguarding training to the required levels.

Please see appendix 5 for flowchart of Trust staff safeguarding responsibilities.

5. Criteria for Safeguarding adults in need

Safeguarding Adults

Safeguarding adults is a process of measures taken to ensure that adults in need of care and support (as defined below) are supported so as to protect them from neglect and abuse.

The Adult experiencing or at risk of abuse or neglect will thereafter be referred to as the adult in need throughout this policy.

From April 2015 safeguarding duties apply to an adult in need who

- Has need for care and support (whether or not the local authority is meeting any of those needs) AND
- Is experiencing, or at risk of abuse or neglect; AND
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The safeguarding duties have a legal effect on the NHS.

An adult in need of care and support is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors.

Naturally, a patient's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult in need experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors.

6. Key principles

The Department of Health² has agreed safeguarding principles, set out below, to ensure consistent standards in delivering safeguarding. The principles are seen as

² Safeguarding Adults: The role of Health Service Managers and their Boards; DH 14.03.2011

the foundation for achieving good outcomes for patients and should be used by health Trusts to build robust safeguarding processes.

Principle 1 - Empowerment

Presumption of person led decisions and consent

Principle 2 – Protection

Support and representation for those in greatest need

Principle 3 – Prevention

Prevention of neglect, harm and abuse is a primary objective

Principle 4 – Proportionality

Proportionality and least intrusive response appropriate to the risk presented

Principle 5 – Partnerships

Local solutions through service working with their communities

Principle 6 – Accountability

Accountability and transparency in delivering safeguarding

7. The Aims of adult safeguarding are to;

- Stop abuse and neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Safeguard adults in a way that supports them in making choices and having control about how they want to live.
- Prompt an approach that concentrates on improving life for the adults concerned.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult and address what has caused the abuse or neglect.

8. Making safeguarding personal

Making safeguarding personal means it should be person led and outcome focussed.

It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as improving quality of life, well-being and safety.

LAS Staff must where safe discuss safeguarding concerns with the adult in need, obtain their view of what they would like to happen as a result of raising a concern and ensure consent is obtained to raise the concern.

9. What are abuse and neglect?

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour which could give rise to a safeguarding concern.

The criteria for safeguarding adults in need will need to be met before the issue is considered as a safeguarding concern.

- **Physical abuse-** including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence-** including psychological, physical, sexual, financial, emotional abuse; so called “honour” based Violence.
- **Sexual abuse-** including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse-** including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse-** including theft, fraud, internet scamming, coercion in relating to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery-** encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

- **Discriminatory abuse-** including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse-** including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one of incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission-** including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect-** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Incidents of abuse maybe one off or multiple and affect one person or more.

10. Domestic abuse

In 2013, the Home Office announced changes to the definition of domestic abuse.

- Incidents or patterns of incidents of controlling, coercive or threatening behaviour violence or abuse, by someone who is or has been a intimate partner or family member regardless of gender or sexuality.
- Includes psychological, physical, sexual, financial, emotional abuse or so called Honour based violence, female genital mutilation, forced marriage.
- Age range for domestic abuse extended down to include 16 year olds.

Domestic abuse is by no means experienced only by adults in need; children will be affected by the behavior of violence and abuse by adults in their home either directly or indirectly. Domestic abuse occurs across geographical boundaries, age, wealth, social status, gender and ethnicity.

Children who reside in a household where domestic abuse occurs are affected either directly or indirectly. It is imperative that all staff make a safeguarding children referral via phone in all circumstances where a child(ren) is present when the abuse took place; or where the child(ren) may reside at the property but is/are absent at the time of the incident.

Domestic abuse where there are no children in the family are assessed on an individual basis regarding raising a safeguarding concern and / or police referral if the abuse suspected is a crime.

Please see the “Pathway for Domestic Abuse” TP102

11. Mental Capacity and Consent

The Trust is committed to ensuring patients are at the centre of the decisions made about their care and steps are taken to protect and empower patients under the Mental Capacity Act (2005).

The presumption is that adults have the mental capacity to make informed decisions about how they live their lives. The presumption that an adult has made an unwise decision, which may put them at risk, does not mean that the person lacks capacity. In the context of safeguarding adults, it is essential to consider whether the patient has capacity to give informed consent.

There will be situations when the adult at risk has the mental capacity to make informed decisions about their safety and decides that they do not want any intervention to take place. This must be respected unless:

- There is a public interest, i.e. not acting will put other adults or children at risk, or
- There is a duty of care to intervene, e.g. a crime has been committed.

If an adult at risk does not have the capacity to make informed decisions about their safety and they do not want any action to be taken, staff have a responsibility to act in the patient’s best interest as described in the Mental Capacity Act Code of Practice. If necessary immediate action should be taken to manage the risk and a referral should be made accordingly using the form LA280.

Further information can be sought from Policy and Procedure for Consent to Examination or Treatment OP/31

Mental Health

In the context of safeguarding adults, crews should be mindful that patients who have mental health needs including dementia or a personality disorder are considered to be vulnerable adults. Issues should be considered under safeguarding practice and a referral made where appropriate.

12. Carers

People receiving care and carers have the same rights to an assessment on the appearance of needs, regardless of what the Local Authority think is the level of their need and regardless of their financial resources.

Section 20 of the Care Act provides a new legal entitlement to support for carers. If a Carer is ordinarily resident or present in the local authority's area and their needs meet the eligibility criteria, the Local Authority has a duty to meet the carers need for support.

If a Carer is deemed to have eligible needs, the Local authority should prepare a "support plan". The support plan must help the carer decide how their needs should be met and which (if any) would be met by direct payment i.e. direct payments can be provided to carers.

13. Child Protection

Operational staff should be mindful of this when attending calls of this nature; they may be the first agency to become aware of the risk to the patient and can initiate the work with other agencies to safeguard the adult at risk. Cases of domestic abuse perpetrated against an adult at risk may warrant immediate request for the police to attend.

Reference should be made to the Safeguarding Children Policy.

14. Information Sharing

The Data Protection Act 1998 and Care Act 2014 enable information to be shared to safeguard adults in need. Failing to do so may result in abuse going undetected or prolonging the suffering of patients.

Early sharing of information is the key to providing an effective response where there are emerging concerns. LAS staff should raise a safeguarding concern with EBS during the job cycle of the call or immediately after spotting the concern during call taking to ensure prompt action can be taken by social services when required. (Please see flow chart at appendix four)

Information sharing between statutory organisations is fundamental to safeguarding adults at risk. Confidentiality should not be confused with secrecy that is the need to protect the organisation over the need to protect the patient.

The Trust should obtain the adult's consent to share information and should explain what the information will be used for, wherever possible.

The following principles should be followed:

The information should be necessary for the purpose for which it is being shared

- Shared only with those who need it
- Be accurate and up to date
- Be timely
- Shared securely

Sharing information without consent: If the risk presented by the perpetrator is high, consideration can be given to sharing information without the consent of the adult in need. This is supported by Data Protection Act 1998 (schedules 2 and 3), the Crime and Disorder Act 1998 and the Human Rights Act 1998 and the Care Act 2014. Further information can also be found in the Policy for Access to Health Records, Disclosure of Patient Information: Protection and use of Patient Information'. TP/009.

The Trust has governance arrangements in place which sets out the principles for sharing information between each other, with other professionals and the Safeguarding Adults Boards.

Any particular concerns about sharing information should be referred to the Trust's Caldicott Guardian, the Medical Director.

No one in the LAS should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If you have concerns about the adult and believe they are suffering or likely to suffer abuse or neglect then they should share the information with the Local Authority and/or the Police if they believe or suspect that a crime has been committed.

If your concern is that an adult has welfare needs and there is no abuse or neglect consent must be obtained from the adult or carer to raise your concern. If this is not provided then you should respect their wishes and advise *them* to contact social services or other agency directly for support.

Other agencies:

If an adult or child has been neglected or abused you need to consider whether a crime has potentially been committed. If so, Police should be called immediately to protect evidence and undertake the necessary investigations. The police should not just be requested for obvious crimes but also the more subtle neglect cases, for example when there has been severe neglect to provide care.

If you attend a patient's property and they are hoarding you need to consider whether they are a vulnerable adult and if there is risk to anyone else. If they are vulnerable and give consent then they can be referred via EBS to the London Fire Brigade where they will do Fire Safety checks and provide additional support.

This should only be undertaken following discussion with the adult in need and having obtained their consent.

If a person is a victim of Domestic Abuse they can be given details of Women's Aid to contact when is safe to do so. If the victim wants us to contact them on their behalf we must ensure we gain consent, a contact number and a safe time to be called back. See Domestic Abuse Policy and Procedure TP102

The Trust is required to undertake or participate in a number of statutory reviews when particular circumstances arise, these include;

- domestic homicide reviews: convened by the local community safety partnership when the defined criteria has been met following the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect;
- safeguarding adult review: convened by a Safeguarding Adult Board for every case where an adult has died from, or experienced serious abuse or neglect, and there is reasonable cause for concern about how agencies and service providers involved worked together to safeguard the person.
- Individual management review (IMR) where Trust has had contact with an individual are required to look openly and critically at individual and organisational practice and the context within which people were working to see whether there are changes in practice that could, and should, be made.

The Trust also provides information when requested on our involvement with individuals to support the safeguarding work undertaken within Multi Agency Safeguarding Hubs (MASH) and Multi Agency Risk Assessment Conference (MARAC).

Prevent – Is about safeguarding people and communities from the threat of terrorism. It aims to stop people becoming terrorists or supporting terrorism. Prevent covers all forms of terrorism and extremism and some aspects of non-violent extremism.

The Home Office works with local authorities, a wide range of government departments, and community organisations to deliver the Prevent strategy. The police also play a significant role in Prevent, in much the same way as they do when taking a preventative approach to other crimes.

Refer to the Prevent Policy and Procedure TP108.

15. Whistle-blowing

Employees who have concerns about a colleague's conduct in their personal life or their professional practice, in the context of safeguarding, should report this under the Whistle-blowing Policy HR003.

Employees are entitled to protection under the HR003 Whistle-blowing Policy and the Public Interest Disclosure Act 1998.

16. Commissioned Services

The Trust requires that all commissioned service providers produce their own guidelines that reflect the Trusts position on safeguarding adults, and the Pan London Safeguarding Adults Policy. The guidelines should set out staff responsibilities, reporting concerns and recruitment processes with regard to the requirements set out in the Vulnerable Groups Act 2006. In addition the LAS require the providers of commissioned services to report any safeguarding concerns through the LAS reporting processes.

The LAS will also request evidence to ensure safer recruitment processes are in place and adhered to. The LAS will also undertake periodic audits of recruitment, policies and training records in commissioned services.

17. Allegations made against employees

The Trust will take all necessary measures to ensure that it recruits staff who uphold the principles of the Children Act 2004 and Care Act 2014. However, it is acknowledged that some staff may conduct themselves in a manner that is at odds with the Trust and legislation, in this instance the Trust will treat all allegations against staff seriously.

When an allegation is made about a member of staff the Trust should follow the Allegations Against Staff policy HR039 and investigate it under the Disciplinary

Procedure HR/09/02 in conjunction with the Safeguarding Adults Policy and Pan London Safeguarding Adults Policy and Procedures.

The manager who has been alerted to the allegation against a member of staff has responsibility to ensure that the appropriate course of action is taken without delay, giving consideration to the following:

- Notify the Chief Quality Officer or Head of Safeguarding, who will refer the concern to the local authority Designated Adult Safeguarding Manager (DASM), contacting the emergency duty team (EDT), if out of hours.
- Where appropriate a member of the safeguarding team will advise on referring the case to the police if the suspected abuse is a crime. In cases of emergency, MPS must be alerted using the usual channels.
- In line with the Trusts disciplinary procedures, suspend staff suspected of abusing an adult or adults in need.
- Ensure that any staff or volunteer who has caused risk or harm is not in contact with patients and others who may be at risk, for example, whistle-blowers.
- Inform the member of staff as they have a right to know in broad terms what allegations or concerns have been made about them
- Consider raising the allegation as a Serious Incident.
- Maintain a high level of confidentiality

Support for staff involved in the safeguarding adults process

The Trust recognises that an allegation of this nature can have a profound effect on the member of staff. As such, the Trust will provide support to staff whom allegations have been made against, in accordance with advice from the relevant social services department and the Metropolitan Police Service so as not to jeopardise the investigation.

The member of staff will be treated with respect, honesty in all matters and confidentiality will be maintained on a need to know basis.

18. Training and Supervision

Current guidance means the LAS specify safeguarding children and adults in need training as mandatory. Training should take place at all levels of the LAS and be

updated regularly to reflect best practice. The Trust will ensure that all staff receive training that is appropriate to their level of responsibility.

Basic Mandatory- awareness training, with respect to awareness that abuse can take place and duty to report.- All Staff

Detailed awareness- recognition of abuse, responsibilities and LAS policy, procedures. For clinical and EOC staff.

Specialist training- For local managers and safeguarding leads.

Advanced training- For head of safeguarding, legal and board members and those providing medical and nursing advice to organisation.

The Trust will align these levels to the child levels for easy reference. Basic Mandatory- Level One, Detailed awareness- Level Two, Specialist- Level Three, Advanced- Level Four and Five.

The Trust will ensure that clinical staff and EBS receive appropriate support which allows them to reflect on a challenging or traumatic call as well as reflect on their practice. Regular face to face safeguarding supervision from skilled managers and reflective practice is essential to enable staff to work confidently and consistently with difficult and sensitive situations.

Training is a continuing responsibility and the LAS will provide a rolling programme of safeguarding training in line with best practice and guidance.

All safeguarding materials should be approved by the Safeguarding Committee and our lead Safeguarding Adult Board will have an overview of the standards and content of training.

If as a result of an internal management review or serious incident etc, it is noted that further actions could or should have been undertaken by staff i.e. Missed Referral, staff will be provided with a Staff Safeguarding Action Plan (See appendix 3) to address the issues. The plan will outline the reasons for the action plan and what learning or development needs to take place. On completion of the action plan staff and local management need to complete and sign the plan and return to the safeguarding.las@nhs.net email address.

19. Procedure for referring to Local Authority

Staff (including 111) who have concerns that an adult in need is at risk or has been abused will raise a safeguarding concern.

This is raised with EBS either via the phone or on a safeguarding adult concern form (LA280 appendix one).

EBS will record details on database and send to relevant local authority for consideration.

To raise a concern staff need to discuss with the patient (where safe to do so) whether they want the matter referred to the local authority, and, if so, what outcomes they would like from this.

Staff must then gain consent from the patient or document why it could not be obtained.

If the patient is considered to lack capacity, staff must complete a capacity assessment and record it on the LA5.

If staff act in the patients best interests a best interest assessment form LA66 should be completed.

Appendix four outlines the steps for raising a safeguarding adult concern and welfare concerns.

The Local Authority will consider making enquiries or causing others to.

An enquiry should establish whether any action needs to be taken and if so, by whom. This could range from an informal conversation with the adult in need to a more formal multi agency discussion. Enquiries do not have to follow a formal safeguarding process.

There are two different types of enquiries depending on the characteristics of the adult in need. If the adult in need fits the criteria in section 5 (section 42 of the Care Act) then the local authority are required by law to conduct enquiries. These will be referred to as “Statutory Safeguarding Enquires”. Local authority will sometimes decide to make safeguarding enquiries for adults who do not fit the criteria. These enquiries are not required by law and therefore will be referred to a “Non-Statutory Enquiries”.

Staff often come into contact with adults in need who have not been neglect or abused but are in need of some care and support to support their well-being. In these situations if the adult in need is able to contact the local authority staff should advise them to and record this on their PRF. If the adult in need is unable to contact the local authority then providing that the adult consents staff can raise a welfare concern via EBS using the LA280 or telephone referrals systems.

20. Access to support

Staff can access advice and support in a number of ways.

- Via local safeguarding lead
- Clinical Hub 24/7
- Emergency Bed Service 24/7

In addition staff can email the safeguarding team on safeguarding.las@nhs.net for expert advice or information on policy and procedures.

21. Monitoring and Governance

The LAS is regulated by the Care Quality Commission (CQC) who have devised 'Essential Standards for Quality and Safety', of which safeguarding is one aspect. Strong governance is fundamental to enable the Trust to comply with requirements set out by the Department of Health and CQC so as to challenge existing arrangements and ensure robust safeguarding procedures, which should reflect current best practice and encompass learning from any incidents the trust may have been involved in. The CQC has the authority to take enforcement action against Trusts that do not comply with the Essential Standards.

As such safeguarding adults' activity will be reported to the Safeguarding Committee bi-monthly and scrutinised by the Clinical Safety & Standards Committee. This provides a mechanism to improve practice ensuring appropriate outcomes for patients and carers are achieved. An annual report will also be published setting out Trust activity pan-London.

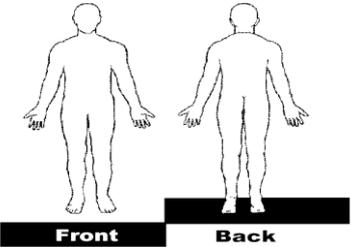
In addition to periodic reporting and providing assurance to CQC that the Trust has robust safeguarding arrangements, the Trust will be subject to inspection and will continually provide assurance to commissioners.

The Trust provides the CQC and commissioners with a monthly report on our attendance at Care Homes across London, sharing information in line with recommendations from the Winterbourne View SCR.

IMPLEMENTATION PLAN				
Intended Audience	All staff			
Dissemination	The Pulse and LAS website Routine Information Bulletin			
Communications	LAS Website and The RIB			
Training	Staff will receive training as documented at section 14.			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Training, safeguarding activity regarding the number and type of referrals made and any emerging trends.	Annual Safeguarding report will be produced detailing activity. The Safeguarding Activity Report is reviewed at the Safeguarding Committee every 6 weeks. These will be shared with local leads and Safeguarding Adult Boards. An annual audit of Safeguarding will also be undertaken.	The Head of safeguarding Adults is responsible for monitoring all Safeguarding Adult activity and reports to the Safeguarding Committee, chaired by the Chief Quality Officer. This committee reports into the Quality Committee.	Reports to be monitored via the Clinical Safety and Standards Committee and Quality Governance Committee	Recommendations from SCR's will be reviewed and Staff will receive feedback via the LA456 action plan. Regular section in clinical news letter on Safeguarding . Local information disseminated via complex leads as well as bulletins.

Notification of Safeguarding or Welfare Concern

LA280

1. Basic Details	Date:	Time:	CAD:
Name of Adult at Risk:		Call sign:	
Dob / age:		Call sign:	
Male/Female			
Address:		GP address:	
Post code:			
Phone number:		Phone:	
Type of premises (ie: own home, care home, hostel etc)		Please state reason for LAS attendance at involvement with adult.	
NOK:		Use body map if appropriate 	
Phone:			
Ethnicity			
Religion or belief			
Language			
Sexual Orientation			
Gender re-assignment			
Disability			

Marital status/civil part		
Pregnancy/ maternity		
<p>Details of other members of household, including children. Consider if other household members be placed a risk if you convey a patient to hospital?</p> <p>Have you completed a Child Safeguarding Referral Yes/No</p>		
<p>2: Safeguarding Concerns- Only complete this section for safeguarding abuse or neglect</p>		
<p>In your opinion, does the adult have needs for care and support (whether or not the local authority is meeting any of those needs)?</p>		<p>Yes/No</p>
<p>Is the adult experiencing, or at risk of, abuse or neglect</p>		<p>Yes/No</p>
<p>As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.</p>		<p>Yes/No</p>
<p>Is the person at Immediate risk of significant harm?</p>		<p>Yes/No</p>
<p>If yes were police in attendance? Yes/No if No why?</p>		
<p>Type of abuse or neglect</p>		
<p>Physical abuse <input type="checkbox"/></p>	<p>Domestic violence <input type="checkbox"/></p>	<p>Sexual abuse <input type="checkbox"/></p>
<p>Psychological abuse <input type="checkbox"/></p>	<p>Financial or material abuse <input type="checkbox"/></p>	<p>Modern slavery <input type="checkbox"/></p>
<p>Discriminatory abuse <input type="checkbox"/></p>	<p>Organisational abuse <input type="checkbox"/></p>	<p>Neglect and acts of omission <input type="checkbox"/></p>
<p>Self -neglect incl hoarding <input type="checkbox"/></p>	<p>Is abuse a one off incident/ or multiple incident one off <input type="checkbox"/> multiple incident <input type="checkbox"/> or not known <input type="checkbox"/></p>	

More details	Give factual account of why safeguarding concerns of abuse or neglect
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3. The Patient's views / outcome wishes	What does the adult want to happen as a result of raising the safeguarding concern?
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4. Additional information	Any information re contact or access to premises? (i.e. DV when adult will be alone and best number to call on)	Any risk to other professionals visiting?
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Detail any other action taken during call?		
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5. Conveyance	Was the adult conveyed to hospital? Yes/No	Was hospital staff informed of your concerns at handover? Yes/No
Hospital details		

If not conveyed, where is the adult now?	Was the adult left in the care of anyone? Yes/No If yes, who
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6. Welfare concern- Only complete this section if adult is not being abused or neglected but needs additional support.
Consent must be given by the adult to raise this concern. Tick the boxes which best describe your concerns:

Community Care Assessment <input type="checkbox"/>	Quality of existing care <input type="checkbox"/>	Carer's assessment <input type="checkbox"/>	Review of existing care package <input type="checkbox"/>
Accommodation concerns <input type="checkbox"/>	Learning disability care concerns <input type="checkbox"/>	Other concern <input type="checkbox"/>	Please state concern

Additional information

7. CONSENT: Consent should be obtained to raise a safeguarding concern unless reason state.
 Consent **must be obtained** for raising a welfare concern.

Does the adult at risk consent to this referral being made? Yes/No

If there is a refusal to consent or no consent has been obtained describe why have you decided to continue with the referral? (eg: *Situation poses a public health hazard, protection of others, public interest, best interests of person lacking capacity, prevention of crime*)

Do you have any concerns about the adults capacity to consent to the sharing of this information with relevant agencies? Yes/No	LA5 must be completed? confirmed Yes/No
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Where applicable and appropriate this must be signed by the Adult.
 If telephone referral must confirm adult agreed to you raising concern.

The information contained in this form may be shared between the London Ambulance Service and other agencies, in order to protect you from harm and promote your wellbeing.
Declaration: I consent to the information recorded on this form being shared with other agencies responsible for my on-going welfare.

Name of adult at risk

Signature of adult at risk

**Completed forms should be faxed by LAS staff, without delay, to
EBS: 0207 357 6380**

Guidance note (please remove this page before faxing to EBS)

Completing form LA280 – Notification of Adult at risk or in Need

The form is used to notify local adult social services of any Safeguarding concerns or welfare concerns which have arisen about the safety or wellbeing of an adult in need of care or support.

The Safeguarding duties apply to an adult who:

Has needs for care and support (whether or not the local authority is meeting any of those needs) and

is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

The form has also been designed to allow LAS staff to report their non-safeguarding concerns and supply local services with the information they will need to assess how best to respond. The form is divided into a number of sections:

- 1. Basic Details:** All questions in this section should be answered.

It is important that details of the adult's identity are comprehensive and accurate.

Clinical observations and other medical details should only be provided if relevant to the concern being reported. The adult may not be your patient and providing clinical information may be impractical.

Be clear when recording what type of premises the person lives in.

Equalities legislation requires the recording of 'protected categories such as ethnicity, religion etc.

- 2. Safeguarding Concerns: Should only be completed for abuse and neglect** Your professional opinion and judgement is needed here.

More detail: Record your observations and concerns here. Be careful to use only factual statements and your objective professional opinions. Remember you may be

called upon to make a formal, evidential, statement at a later date and your comments may be shared with, parents and other relevant organisations.

- 3. The Adult View / outcome wishes:** It is important to record the person's view and wishes and to ensure they are aware of your intention to make a referral. This could be anything from just need help to have a better life to wanting new accommodation, etc.

If you have concerns about the adult's capacity to consent to your actions, ensure you complete an LA5 (Capacity assessment tool).

If you are unable or unwilling to seek the person's consent to the referral being made, you must justify your decision by recording your reasons.

- 4. Additional Information:** This section is designed to provide local services with information which will assist them in following up your referral. E.g. when best to contact the patient and how.
- 5. Conveyance:** Is it **vital** to accurately record is the adult was conveyed to hospital and to be able to evidence that you informed the hospital staff of your concerns. Obtain a staff member's signature to confirm this.
- 6. Welfare concerns:** This section is for all non- safeguarding concerns, general welfare support requirements that social services may provide. Any medical support should be referred via GP direct and not submitted on this form.
- 7. Consent:** Obtain a signature from all adults or justify why you did not obtain consent. Complete an LA5 for all adults with capacity issues.

You are reminded check the route for informing EBS whether by phone or fax forms should not be delayed, it is your responsibility to confirm receipt of any faxed forms with EBS.

All staff should be familiar with Adult Safeguarding Procedure (TP 019)

Notification of Contact with a Child at Risk or in Need

LA279

1. Basic Details	Date:	Time:	CAD:
Name of Child at Risk: Dob / age: Gender: Home address: Post code: Phone number: (School/Play group/ Nursery) Is the Child a 'Looked After Child'? Are you reporting a Sudden Unexpected Death of an Infant, Child or Adolescent?	Call sign: Call sign: GP Address: Phone: If relevant to the referral, brief clinical details (ie: why are LAS attending?)		
Where seen?			
NOK (name and relationship – do they have parental responsibility?) Phone no:			
Communication/Language needs:			
Ethnicity			
Religion/ belief			
Language			
Sexual orientation			
Gender reassignment			
Who was the child with at the time of the incident? eg: parent, foster parent, carer, relative, childminder, school, nursery nurse, etc			
Details of family members. Include other people who have care responsibilities for the child.			

NB: At least page 1 of an additional form LA279 should be completed for each child in the household. Complete a full LA279 for each child if there are additional concerns.

Is your patient the child for whom there are concerns? yes/no

2. Your Concerns

In your opinion, is the child suffering, or likely to suffer abuse, neglect or physical harm through the actions of others?

yes/no

Is the child at **Immediate risk** of significant harm? yes/no

Have the police been notified? yes/no

MPS CAD no:

What is the nature of your concern?

Physical abuse

Sexual abuse

Emotional abuse

Neglect

Parental capability

Parental mental health

Domestic violence/abuse

Disclosure of historical abuse

Intoxication

What evidence have you observed? Tick box and note your observations below

Physical signs

Behavioural signs in child

Inconsistent story

Disclosure

Parental behaviour..

Substance abuse by child or parent/carer

Environment

3. More Detail

Describe your concerns (including the general appearance, health, demeanour and behaviour of the child at risk). Give examples if possible and details of any relevant clinical issues.

Describe the environment and home circumstances: (eg: are they living with parents, fostered, living with other relatives, with a child minder, in a children's home, hostel)

4. The Child's view

What is the child's version of events? (State here if child is too young to speak, language is a barrier, or it is not possible to speak to the child alone)

Does the child know of your concerns?		Are the parents aware of your concerns?
Do you have any concerns about the welfare of other people at the premises?		
5. Additional information	Any information re access to premises?	Any risk to other professionals visiting?
Detail any other action taken during call (eg: contact with neighbours, carers, family)		
Were other emergency services (contacted or) involved during the call? If so please give details?		
7 Conveyance	Where is the child now?	
If the child was not conveyed, in whose care were they left? Name: Relationship: Age: Address:		

8. CONSENT (a)	Where applicable and appropriate this should be signed by the person with parental responsibility
The information contained in this form may be shared between the London Ambulance Service and other agencies, in order to protect children from harm and promote their wellbeing. Declaration: I consent to the information recorded on this form being shared with other	

agencies responsible for the welfare of children.

Name of person with parental responsibility

Signature of person with parental responsibility

8 CONSENT (b)

If there is a refusal to consent or no consent has been obtained describe why have you decided to continue with the referral? (eg: *Situation poses a public health hazard, protection of others, public interest, person is exposed to avoidable harm, best interests of person lacking capacity, prevention of crime*)

**Completed forms should be faxed by LAS staff, without delay, to
EBS: 0207 357 6380**

**THE SECTION BELOW TO BE COMPLETED BY SOCIAL SERVICES NOT BY
LAS CREW**

Note for London Boroughs re feedback

It is vital for London Ambulance service to receive feedback on alerts raised, to enable us to review process and improve service provided. % of feedbacks received will be reported to Children's Safeguarding Boards monthly.

Please complete the box below and fax this page to the Emergency Bed service on:
020 7463 2682

Date of referral:	Name:	CAD number:
Safeguarding alert raised <input type="checkbox"/>	Assessment requested <input type="checkbox"/>	
Already known, will review <input type="checkbox"/>	Adult Services notified <input type="checkbox"/>	
Not eligible for assessment <input type="checkbox"/>	Housing or public health informed <input type="checkbox"/>	
Mental Health or LD team informed <input type="checkbox"/>		<input type="checkbox"/>
Other Actions taken or comments		

Please ensure that the conclusions of any safeguarding investigations undertaken are notified to: safeguarding.las@nhs.net

The London Ambulance Service NHS Trust will act in accordance with the provisions of the Data Protection Act 1998 and the obligations contained therein, within its role as Data Controller.

Postal Address: Emergency Bed Service, London Ambulance Service NHS Trust,
220 Waterloo Road, LONDON, SE1 8SD
www.londonambulance.nhs.uk

Guidance note (please remove this page before faxing to EBS)

Completing form LA279 – Notification of Contact with a Child at risk or in Need

The form should be used to notify local children's services of any concerns which have arisen about the safety or wellbeing of a Child.

The revised forms have been designed to allow LAS staff to report their concerns and supply local services with the information they will need to assess how best to respond.

Forms may be used to raise a variety of issues and concerns such as safeguarding matters, more general welfare concerns or concerns about the quality of care being provided by external agencies.

The form is divided into a number of sections:

1. Basic Details: All questions in this section should be answered.

It is important that details of the child's identity are comprehensive and accurate. Complete at least this section of a separate form for each child you have observed. Clinical observations and other medical details should only be provided if relevant to the concern being reported. The child may not be your patient and providing clinical information may be impractical.

A 'looked after child' is a child who is 'in care' being looked after either by the state according to relevant legislation or on a voluntary basis at the request of, or with the agreement, of parents.

Equalities legislation requires the recording of 'protected categories such as ethnicity, religion etc.

If you are using the form to report a sudden unexpected death this information will be shared with other relevant agencies., it is important, therefore, that you record the presence or absence of any safeguarding concerns.

- 2. Your Concerns:** Your professional opinion and judgement is needed here..
- 3. More detail:** Record your observations and concerns here. Be careful to use only factual statements and your objective professional opinions. Remember you may be called upon to make a formal, evidential, statement at a later date and your comments may be shared with, parents and other relevant organisations.
- 4. The Child's View:** It is important to record the child's version of events if practical and age appropriate. If it has not been possible to speak to the child alone or there is some other reason for not seeking their views, you must record you reasons. You must also record if the parents are aware of your concerns. Again, if you have not informed the parents you must record your justification.

5. **Additional Information:** This section is designed to provide local services with information which will assist them in following up your referral.
6. **Conveyance:** Is it **vital** to accurately record the child's current whereabouts.
7. **Consent:** Obtain a signature from person with parental responsibility to confirm their awareness of the referral.
8. **NB:** The section for London borough's feedback is NOT for completion by LAS crew.

You are reminded that forms should be faxed, without undue delay, to EBS (020 7357 6380) and it is your responsibility to confirm receipt. All staff should be familiar with Children's Safeguarding Procedure (TP 018)

SAFEGUARDING ACTION PLAN FOR STAFF

Appendix 3
LA456

Reason for action:

Missed Referral Insufficient Information Learning Need Identified Other

Further information Case No:

CAD No:

Date of Call:

Issues Identified:

Safeguarding Name:

Date Sent:

Points to be covered with staff (To be completed by safeguarding team):

How points have been addressed (Need to provide evidence for each point. To be completed by local manager):

Date completed:

Staff comments:

Staff follow up/ review to confirm all actions have been completed (to be completed by local manager):

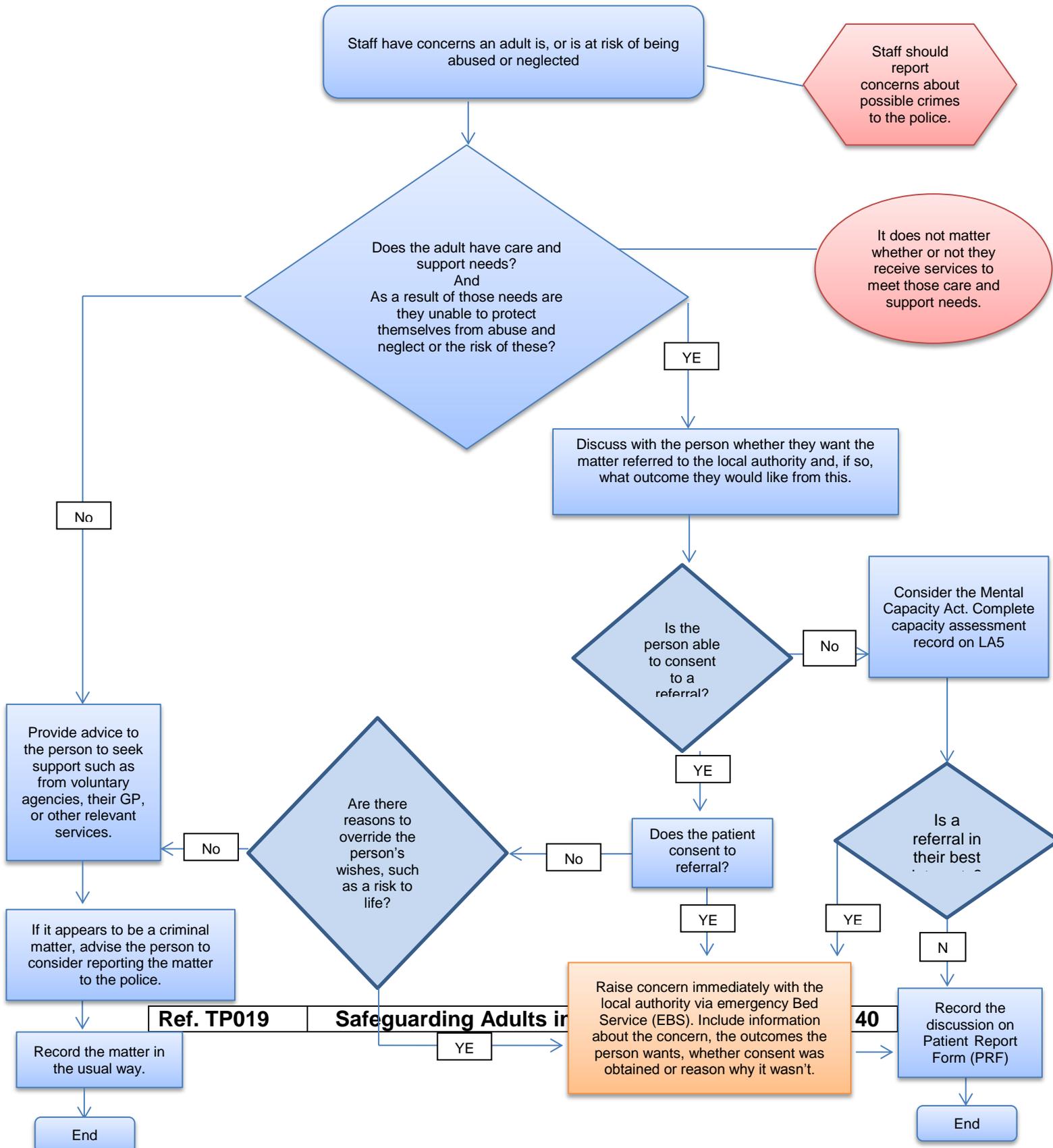
Officer/ Team Leader (printed) _____ (signed)

Staff Name (printed) _____ (signed)

Date: _____

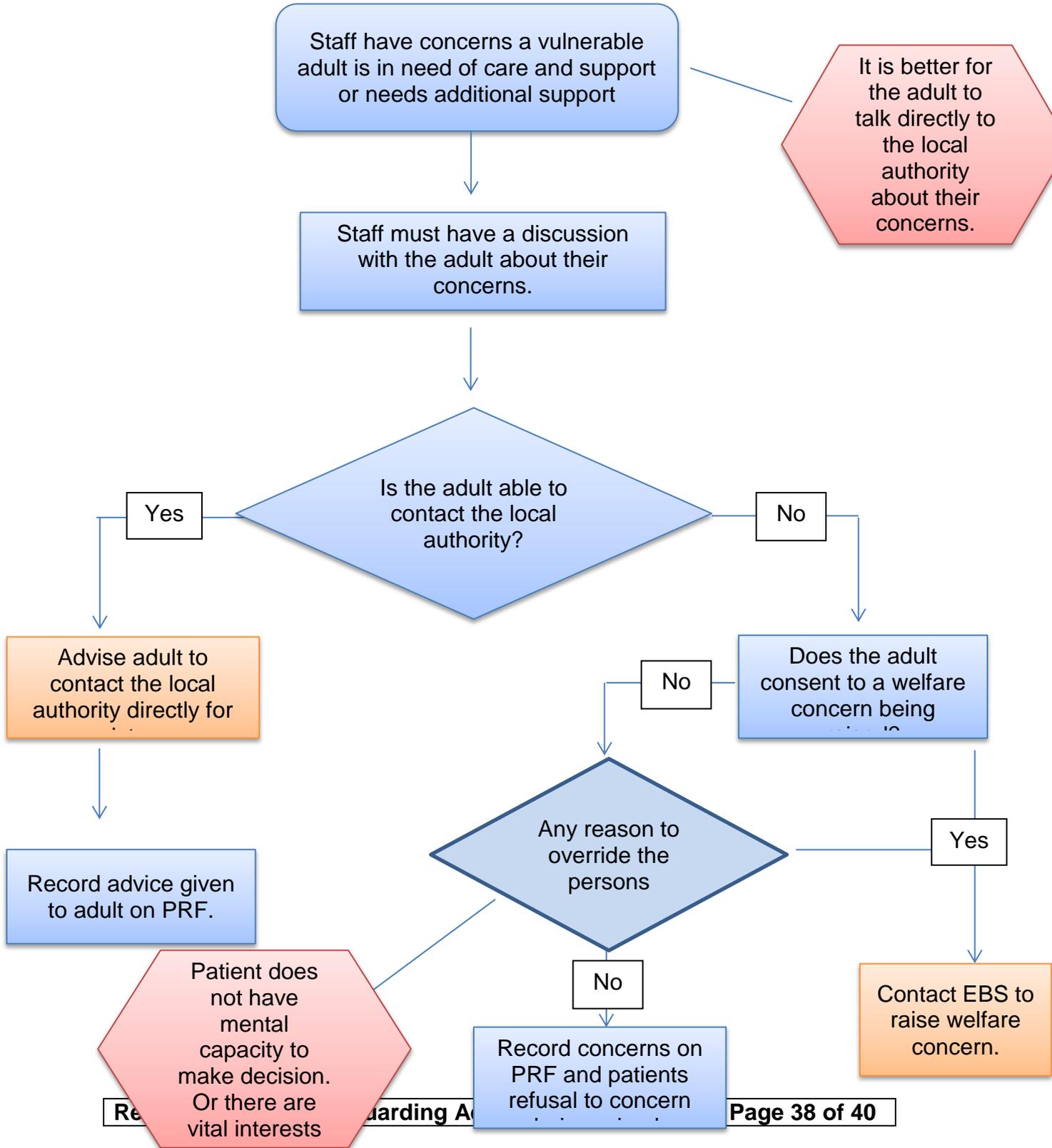
Safeguarding Fax No: 0207 783 2125

Raising a Safeguarding concern



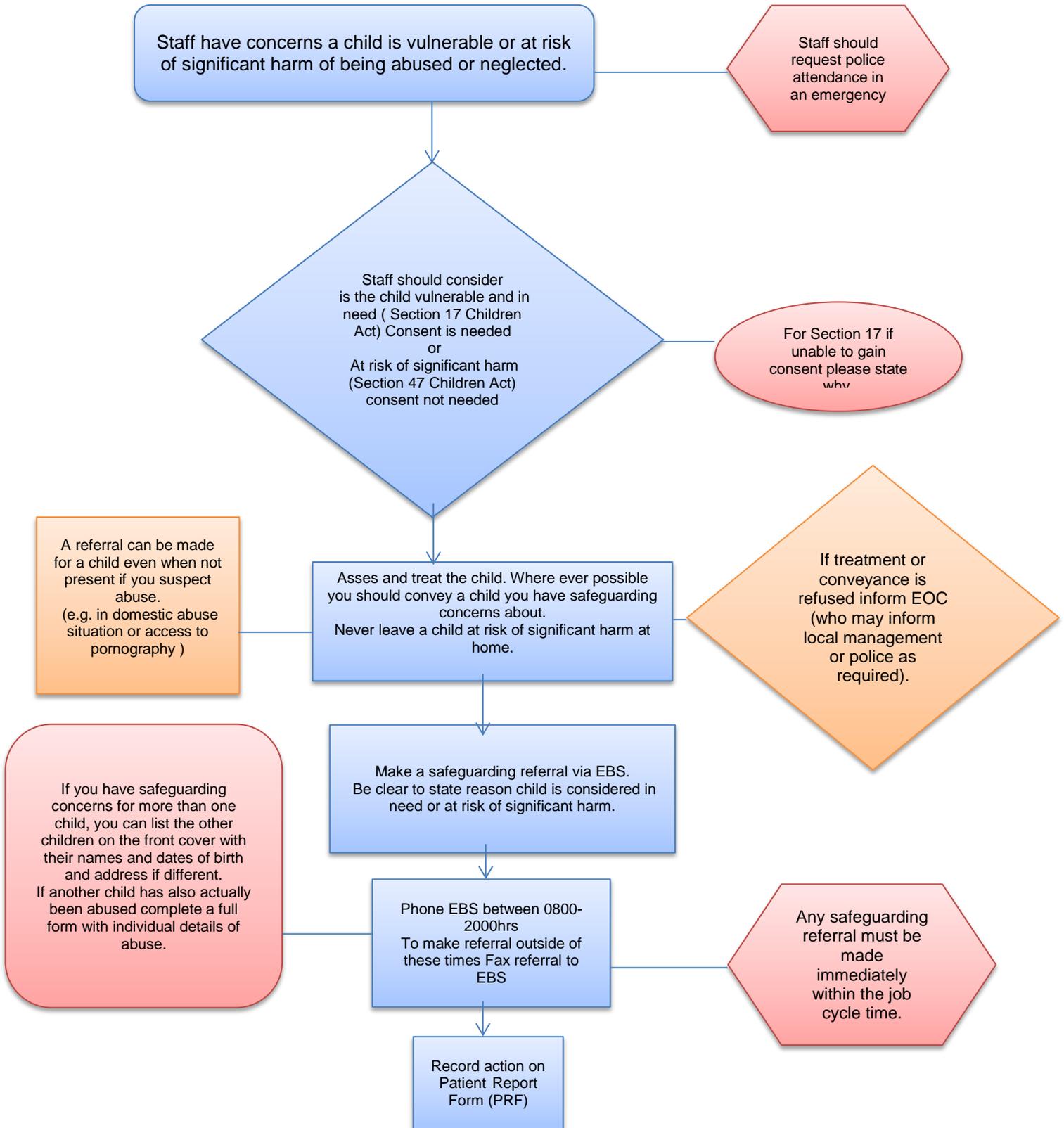
If you are unsure whether to raise a concern or need advice, please contact the Clinical Hub or Emergency Bed Service.

Raising a welfare concern



If you have concerns please discuss with the Clinical Hub or EBS

Raising a Child Safeguarding concern



Appendix 5

