



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/Safeguarding Lead Adults. To be reviewed by November 2022

Document Status: Final 4.3

| Amendment History | | | |
|--------------------------|-----------------|---------------------------|---|
| Date | *Version | Author/Contributor | Amendment Details |
| 16/10/19 | 4.3 | Safeguarding Lead Adults | <ul style="list-style-type: none">• Safeguarding team roles added: Safeguarding Lead, Safeguarding Training Administrator, Safeguarding Data Coordinator and Administrator, Safeguarding Governance and Training Support.• Safeguarding referral form removed from appendix as no longer used the referrer, this is now a Datix form completed via EBS.• Fax procedure removed as the process is no longer used.• Safeguarding responsibilities within the trust –appendix 1.• New welfare referral form included in appendix – appendix 2.• Other outcomes flowchart included into the appendix – appendix 3.• Amended LA456 form included in appendix – appendix 4. |

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| | | | <ul style="list-style-type: none"> Escalation flowchart included into the appendix – appendix 5. Welfare referral flowchart amended to reflect changes in the welfare referral process – appendix 6.. |
| 15/12/16 | 4.2 | Safeguarding Adult Specialist | |
| 29/05/15 | 4.1 | IG Manager | Document Profile and Control update and Raising a Child Safeguarding concern flowchart added |
| 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 |
| 26/06/13 | 3.1 | IG Manager | Minor corrections/changes following SMT approval. |
| 10/06/13 | 2.9 | Named Professional for Safeguarding Adults | Additions to Implementation Plan. |
| 03/06/13 | 2.8 | IG Manager | Document Profile and Control and formatting changes plus new Implementation Plan. LA456 added. |
| 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 | | |

***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

| For Approval By: | Date Approved | Version |
|--------------------------------------|----------------------|----------------|
| SMT | 13/05/15 | 4.0 |
| SMT | 26/06/13 | 3.0 |
| SMG | 15/09/2010 | 2.1 |
| Chief Executive Officer | 01/11/07 | 2.0 |
| Ratified by (If appropriate): | | |
| | | |

| Published on: | Date | By | Dept |
|----------------------|-------------|----------------------------|-------------|
| The Pulse (v.4.1) | 29/05/15 | Digital Media Officer | Comms |
| The Pulse (v.3) | 28/06/13 | Web Communications Officer | Comms |
| LAS Website | 20/01/2020 | Digital Comms Manager | Comms |
| LAS Website (v.4.1) | 29/05/15 | Digital Media Officer | Comms |
| LAS Website (v.3) | 28/06/13 | Web Communications Officer | Comms |
| The Pulse | 05/10/10 | Governance Administrator | GCT |
| LAS Website | 05/10/10 | Governance Administrator | GCT |
| Announced on: | Date | By | Dept |
| The RIB | 09/06/15 | IG Manager | G&A |
| The RIB | 02/07/13 | IG Manager | GCT |

| Equality Analysis completed on | By |
|---------------------------------------|--------------------|
| 29/05/13 | Safeguarding Board |
| Staff side reviewed on | By |
| | |

| 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 | |

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|----------|---|--|
| 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/ 003 | Freedom to speak up 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.

"it remains the responsibility of every NHS-funded organisation, and each individual healthcare professional working in the NHS, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied; the well-being of those children and adults is at the heart of what we do".

(Safeguarding Accountability and Assurance Framework 2019).

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

Act as the Trusts Caldecott Guardian and provide expert clinical advice.

Director of Operations

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. The records are kept on the required training statistics and ensures that the trusts recruitment process follows that of a safer recruitment guidelines.

Clinical and Quality Directorate

Provide expert guidance and Clinical Leadership. Quality assurance of clinical practice and to lead improvements in this area.

Emergency Bed Service (EBS) Manager

Co-ordinate and quality assure the referral process. Ensure routine quality assurance and effective communication with Local Authorities and other partners regarding the safeguarding referral.

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.

Ensure that safeguarding referrals are of a good standard whilst providing an advisory role regarding safeguarding queries to the LAS staff.

Head of Safeguarding & Prevent- Named Professional for Safeguarding

Enable safeguarding activity across the Trust, but 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 Lead – Adults

Ensure that the Trust is compliant in all areas of safeguarding and responsive to Safeguarding requirements. Responsible for raising the safeguarding profile and ensuring safeguarding practice, development and partnership working pan- London. Managerial role in supporting the Safeguarding Specialist in their work for the Trust.

Safeguarding Lead – Children

Ensure that the Trust is compliant in all areas of safeguarding and responsive to Safeguarding requirements. Responsible for raising the safeguarding profile and ensuring safeguarding practice, development and partnership working pan- London. Managerial role in supporting the Safeguarding Specialist in their work for the Trust.

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

Support the safeguarding of adults agenda within the Trust, provides expert opinion and lead on the development of internal safeguarding training, safeguarding processes, audit work and quality assurance.

Develop and ensure robust safeguarding systems and processes within the Trust.

Ensure ongoing monitoring, evaluation and reviews of safeguarding arrangements and processes within the Trust to ensure they meet current legislation and best practice.

Attendance at Serious Adult Reviews and Domestic Homicide Reviews

Safeguarding Data Coordinator & Administrator

Support the Safeguarding Officer with managing enquiries and requests for information from social services and safeguarding boards and provide cover in their absence. They will provide cover for the Safeguarding Officer in their absence and provide administrative support to the safeguarding team.

Safeguarding Governance and Training Support

Role supports the delivery of the Trust Safeguarding training strategy. They will also take a lead in the governance of safeguarding within the trust, producing monthly and quarterly audits/reports of referrals and practice.

Safeguarding Training Administrator

Plans and coordinates all Trust Safeguarding training. Responsible for creating the safeguarding training delivery plan to ensure we are meeting the agreed training strategy. They maintain the training database and produce monthly and quarterly reports in relation to training compliance.

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.

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.

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

1 - Empowerment

Presumption of person led decisions and consent

2 – Protection

Support and representation for those in greatest need

3 – Prevention

Prevention of neglect, harm and abuse is a primary objective

4 – Proportionality

Proportionality and least intrusive response appropriate to the risk presented

5 – Partnerships

Local solutions through service working with their communities

6 – Accountability

Accountability and transparency in delivering safeguarding

8. The Aims of adult safeguarding ;

The aims of safeguarding under the Care Act are both reactive and proactive as follows;

- To prevent harm and reduce the risk of abuse or neglect to adults with care and support needs.
- Stop abuse and neglect wherever possible
- To safeguard adults in a way that supports them in making choices and having control about how they want to live.
- To promote an approach that concentrates on improving life for the adults concerned.
- To raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect.
- To 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.

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

9. Making safeguarding personal

Making safeguarding personal is about engaging with people about the outcomes they want, which 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.

10. What is 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 or Emotional 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 & Hoarding-** this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.
- **Radicalisation and Prevent** - Incidents of abuse maybe one off or multiple and affect one person or more.

11. Domestic abuse

From 2013 “any incident or pattern of incidents of controlling, coercive or threatening behavior, violence or abuse between those aged 16 or over who are or have been intimate partners or family members 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.

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.

Domestic Violence Definition:

'Any incident or pattern of incidents of **controlling, coercive or threatening behavior, violence or abuse** between those **aged 16 or over** who are or have been intimate partners or family members **regardless of gender or sexuality**. This can encompass, but is not limited to, the following types of abuse; Psychological, physical, sexual, financial and emotional.

Ref: Home Office (2012a)

'Controlling behavior is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behavior.

Coercive behavior is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.'

Ref: Home Office (2012b)

Please see the "Pathway for Domestic Abuse" TP102

12. Mental Capacity and Consent

The Trust is committed to ensuring patients are at the center 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.

13. 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 carer's. 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.

14. 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.

15. Information Sharing

Robust information sharing is at the heart of safe and effective safeguarding practice.

Information sharing is covered by legislation, principally the General Data Protection Act 2018 (GDPR) and the Data Protection Act 2018. The GDPR and Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information. The GDPR and Data Protection Act 2018 place greater significance on NHS organisations being transparent and accountable in relation to their use of data. All NHS organisations handling personal data need to have comprehensive and proportionate arrangements for collecting, storing and sharing information. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purpose of keeping children, young people and adults safe.

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 you should share the information with the Local Authority and/or the Police if you 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 TP102

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

- Domestic Homicide Reviews (DHR): 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 (SAR): 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 TP108

16. Freedom to speak up; raising concerns (Whistle-blowing) policy

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 Freedom to speak up Policy HR003.

Employees are entitled to protection under the HR003 Freedom to speak up Policy and the Public Interest Disclosure Act 1998.

17. 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. This will include DBS checks

18. 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 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 Head of Safeguarding 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.

19. 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.

Level 1 – introduction or induction to safeguarding, covering how to recognize the signs of abuse, respond to a disclosure, report your concerns and record information.

Level 2 – covers Level 1 and goes into more detail about safeguarding procedures, scenario's and what happens to a referral. Designed for those who have day to day or frequent contact with children or vulnerable people.

Level 3 – staff who regularly investigate and or contribute to supporting adults at risk of abuse /or their families/carers. This includes through multi-agency safeguarding procedures and assessing, planning, intervening and evaluating the needs of an adult where there are safeguarding concerns.

Level 4 & 5 – Designated leads & specialists who have responsibility to co-ordinate the response of safeguarding concerns within their organization and support others doing so.

See Safeguarding Training Needs Analysis for details of staff groups and training requirement.

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.

20. 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 Care Quality, Clinical Safety & Effectiveness 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.

21. 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.

22. Access to support

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

- Clinical Hub 24/7
- Emergency Bed Service 24/7

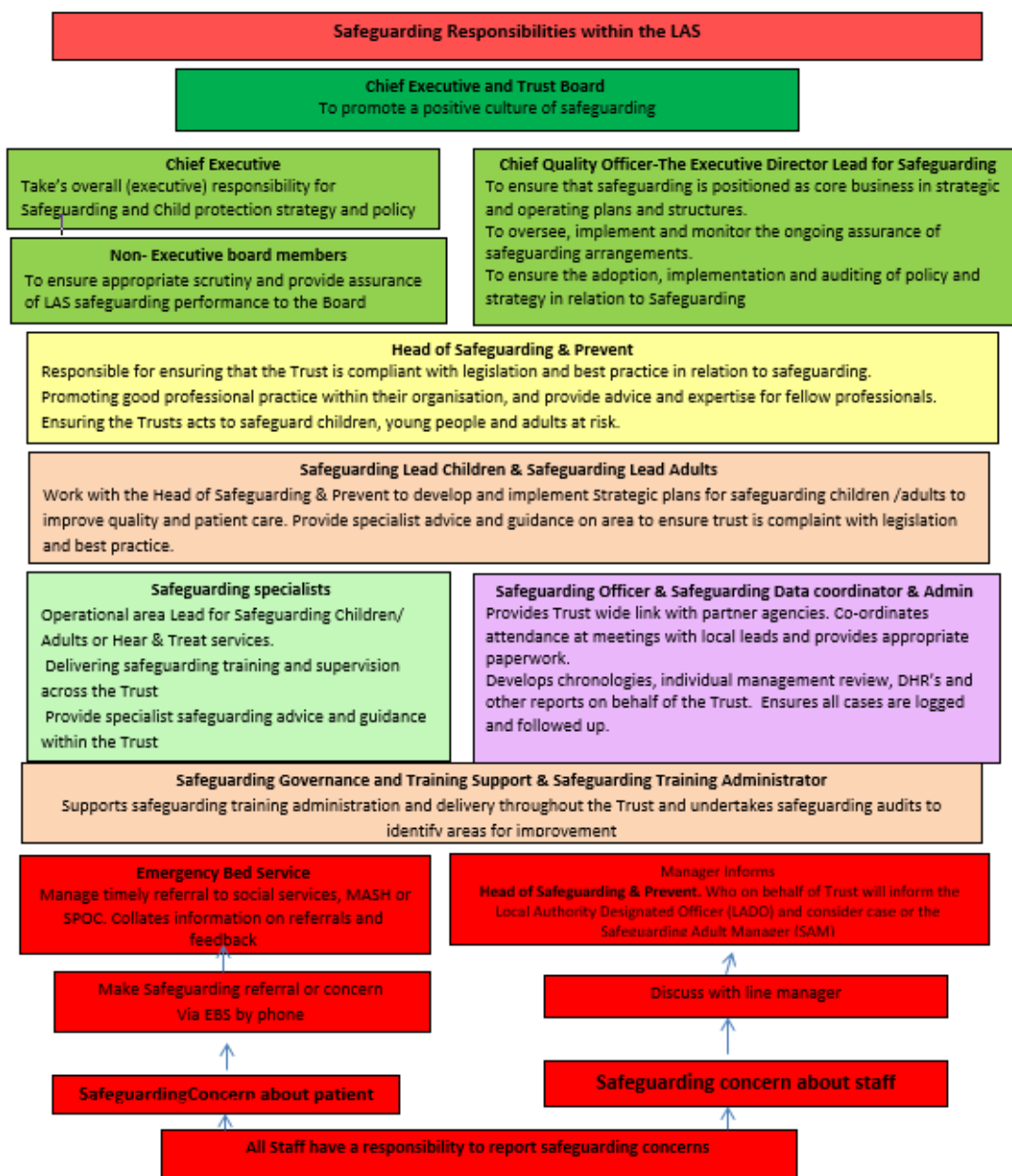
- Via local safeguarding lead
-

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

| 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 Assurance Group on a quarterly basis. These will be shared with local leads and Safeguarding Adult Boards. | The Head of safeguarding Adults is responsible for monitoring all Safeguarding Adult activity and reports to the Safeguarding Assurance Group, chaired by the Chief Quality Officer This group reports into the Quality Oversight Group. | Reports to be monitored via the Clinical Safety and Effectiveness Committee and Quality Committee | Recommendations from SAR's will be reviewed and Staff will receive feedback via the LA456 action plan. Regular section in clinical news on Safeguarding . Local information disseminated via station leads through |

| | | | | |
|--|---|--|--|---------------------------|
| | An annual audit program for Safeguarding is also be undertaken. | | | bulletins and newsletter. |
|--|---|--|--|---------------------------|

Safeguarding responsibilities within the trust



Form to raise an adult welfare concern



London Ambulance Service **NHS**

Adult Welfare Concern NHS Trust

The first option should always be to empower the patient by giving them the number to call the local authority directly themselves. You can use this form when the patient is unable to call themselves but they *must* have consented to this welfare concern being raised, or capacity assessment / best interests documented.

This form **MUST NOT** be used to raise abuse or neglect safeguarding concerns.

| | |
|------------------------------|------------------------|
| Person being referred | |
| Forename(s): | |
| Surname: | |
| Date of Birth: | Age: Gender: |
| Ethnicity: | Religion: |
| Language: | Communication Needs: |
| Disability: | |
| Address: | |
| Premises type: | |
| Telephone: | |
| GP Name | |
| GP Address: | |
| GP Telephone: | |
| Next of Kin details | |
| Name: | |
| Relationship: | |
| Contact Number: | |
| Other members of household: | |
| LAS call details | |
| Reason for attendance: | |
| CAD date: | CAD number: |
| Crew call signs: | Time on scene: |
| Conveyed? Yes / No | If conveyed, where to? |

Details of the concerns

Please indicate here what the reason for the referral is, detailing the circumstances as you found them and explaining why you feel a referral is required.

- | | |
|-----------------------------------|--------------------------|
| Needs Care Act Assessment | <input type="checkbox"/> |
| Review of existing care package | <input type="checkbox"/> |
| Needs Carers assessment | <input type="checkbox"/> |
| Accommodation concerns | <input type="checkbox"/> |
| Learning disability care concerns | <input type="checkbox"/> |

Other concerns for social care (state):

Additional information:

Consent

- | | |
|--|--------|
| 1. Does the patient consent to concern being raised? <i>(Patient must consent: if not, you can only continue if patient lacks capacity)</i> | Yes/No |
| 2. Does the adult lack capacity to consent? <i>(If so an LA5* <u>must be</u> completed)</i> | Yes/No |
| 3. LA5 completed? | Yes/No |
| 4. State the best interest reasons for raising where the patient lacks capacity? | |

*LA5 is the trust's form which records consent, and the crew's capacity assessment under the Mental Capacity Act



```

graph TD
    A[Welfare concern from staff] --> B[If patient consents, and they or a family member or carer are able to, crew should be given the contact details for the LA and requested to advise the patient/carer refer themselves.]
    B --> C[If Consent not given and the patient has capacity. Concern should not be passed to LA. Unless overriding Public interest]
    C --> D[Record as not appropriate to send to LA and document advice given to crew.]
    
    E[Safeguarding alert/concern from staff] --> F[Decide if meets criteria for local authority notification  
Apply 3 steps  
1. Has needs for care and support  
2. Is experiencing or at risk of experiencing abuse  
3. As a result of those needs is unable to protect themselves from abuse or neglect]
    F --> G[If it is decided that a referral does not meet the 3 steps and is not appropriate to send on to the LA.  
EBs to discuss and gain agreement with staff. If crew do not agree escalate to the adult specialist. In their absence sent concern to the local Authority if urgent  
1. Record reason on Datix under "Other outcome" category  
2. At least one intervention must be taken in all cases to ensure information is shared appropriately (see below).  
3. Record intervention taken clearly  
Operating Room Manager (ORM) to approve and document on datix]
    F --> H[Non Local authority concerns  
• There is insufficient information to identify adult.  
• Patient does not meet criteria for "Adult at risk"  
• Patient has capacity and has not consented to a referral being made and there is no "public interest" (also consider coercion and refer if concerned)  
• Not a Safeguarding concern  
• LFB Hoarding referral –no consent or exemption re MCA.  
• Mental health patient with no safeguarding concerns and has been referred to another health professional.]
    G --> I[Interventions that may be appropriate and must be documented  
• Conveyed to ED and concern handed over.  
• MH team engaged and informed of concern  
• GP informed of care concerns for all adults not conveyed where LA have not been informed  
• Police must be informed of crime and concern- EBs to advise crew to report to police and record advice if unable EBs must do third party referral via online reporting and record case number.  
• Women's Aid pathway used  
• Silverline  
• Other  
All Intervention MUST be recorded on datix record]
    H --> J[Reporting crime to the police.  
Go online and report a crime to Met police. or call 101]
    I --> K[ORM/ EBS Manager to review process on a weekly basis to ensure compliance.]
    K --> L[Safeguarding Lead Adults to undertake a quarterly audit on a percentage of concerns]
  
```

Welfare concern from staff

- If patient consents, and they or a family member or carer are able to, crew should be given the contact details for the LA and requested to advise the patient/carer refer themselves.
- If Consent not given and the patient has capacity. Concern should not be passed to LA. Unless overriding Public interest
- Record as not appropriate to send to LA and document advice given to crew.

For urgent escalation
Please call (during office hours)
07990138855

Safeguarding alert/concern from staff

Decide if meets criteria for local authority notification
Apply 3 steps

- Has needs for care and support
- Is experiencing or at risk of experiencing abuse
- As a result of those needs is unable to protect themselves from abuse or neglect

If it is decided that a referral does not meet the 3 steps and is not appropriate to send on to the LA.
EBs to discuss and gain agreement with staff. If crew do not agree escalate to the adult specialist. In their absence sent concern to the local Authority if urgent

- Record reason on Datix under "Other outcome" category
- At least one intervention must be taken in all cases to ensure information is shared appropriately (see below).
- Record intervention taken clearly

Operating Room Manager (ORM) to approve and document on datix

Interventions that may be appropriate and must be documented

- Conveyed to ED and concern handed over.
- MH team engaged and informed of concern
- GP informed of care concerns for **all adults not conveyed** where LA have not been informed
- Police must be informed of crime** and concern- EBs to advise crew to report to police and record advice if unable EBs must do third party referral via online reporting and record case number.
- Women's Aid pathway used
- Silverline
- Other

All Intervention **MUST** be recorded on datix record

Non Local authority concerns

- There is insufficient information to identify adult.
- Patient does not meet criteria for "Adult at risk"
- Patient has capacity and has not consented to a referral being made and there is no "public interest" (also consider coercion and refer if concerned)
- Not a Safeguarding concern
- LFB Hoarding referral –no consent or exemption re MCA.
- Mental health patient with no safeguarding concerns and has been referred to another health professional.





Reporting crime to the police.
Go online and report a crime to Met police. or call 101

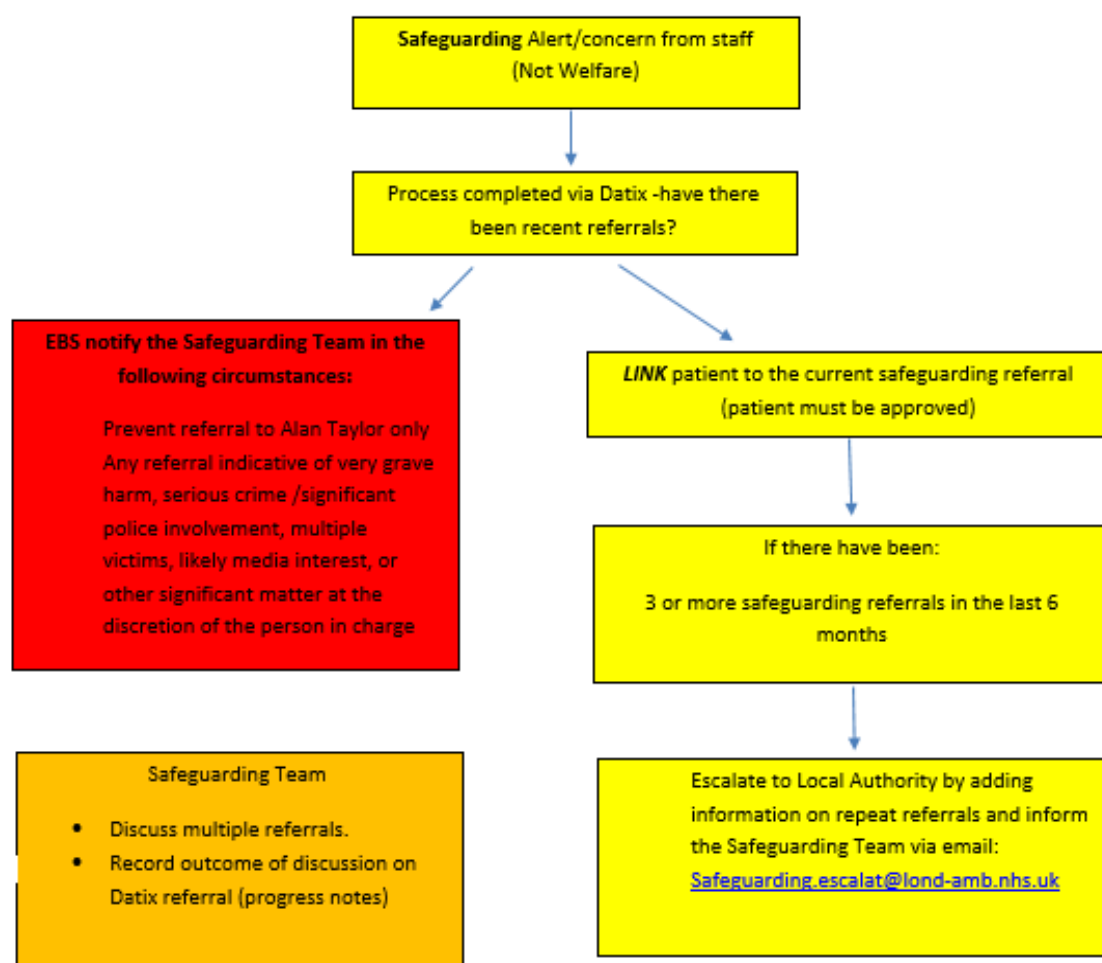
ORM/ EBS Manager to review process on a weekly basis to ensure compliance.

Safeguarding Lead Adults to undertake a quarterly audit on a percentage of concerns

Adult Safeguarding Concern Outcome Process October 2019
V2

Learning from safeguarding events form LA456

| | | |
|---|--|---|
|  |  London Ambulance Service NHS Trust |  |
| <u>Learning from safeguarding events Form</u> | | |
| Identified areas for evaluation: <div style="margin-left: 20px;"> <input type="checkbox"/> Missed opportunity to raise safeguarding concerns <input type="checkbox"/> Quality of information provided <input type="checkbox"/> Areas of learning <input type="checkbox"/> Other </div> | | |
| Areas to be discussed: <i>To be completed by the Safeguarding Team</i> <div style="height: 80px;"></div> | | |
| Outcome of discussion: <i>To be completed by the Local Manager/Safeguarding Specialists/Leads. (Please ensure all the above areas have been addressed and how this will change the practice in the future).</i> <div style="height: 100px;"></div> | | |
| Date completed: <div style="height: 40px;"></div> | | |
| Staff Comments/feedback: <div style="height: 100px;"></div> | | |
| Local Manager/Safeguarding Specialist/Lead: Signed:..... Staff Name:..... Signed:..... Date:..... Please return to: Safeguarding.las@nhs.net | | |
|  | | |

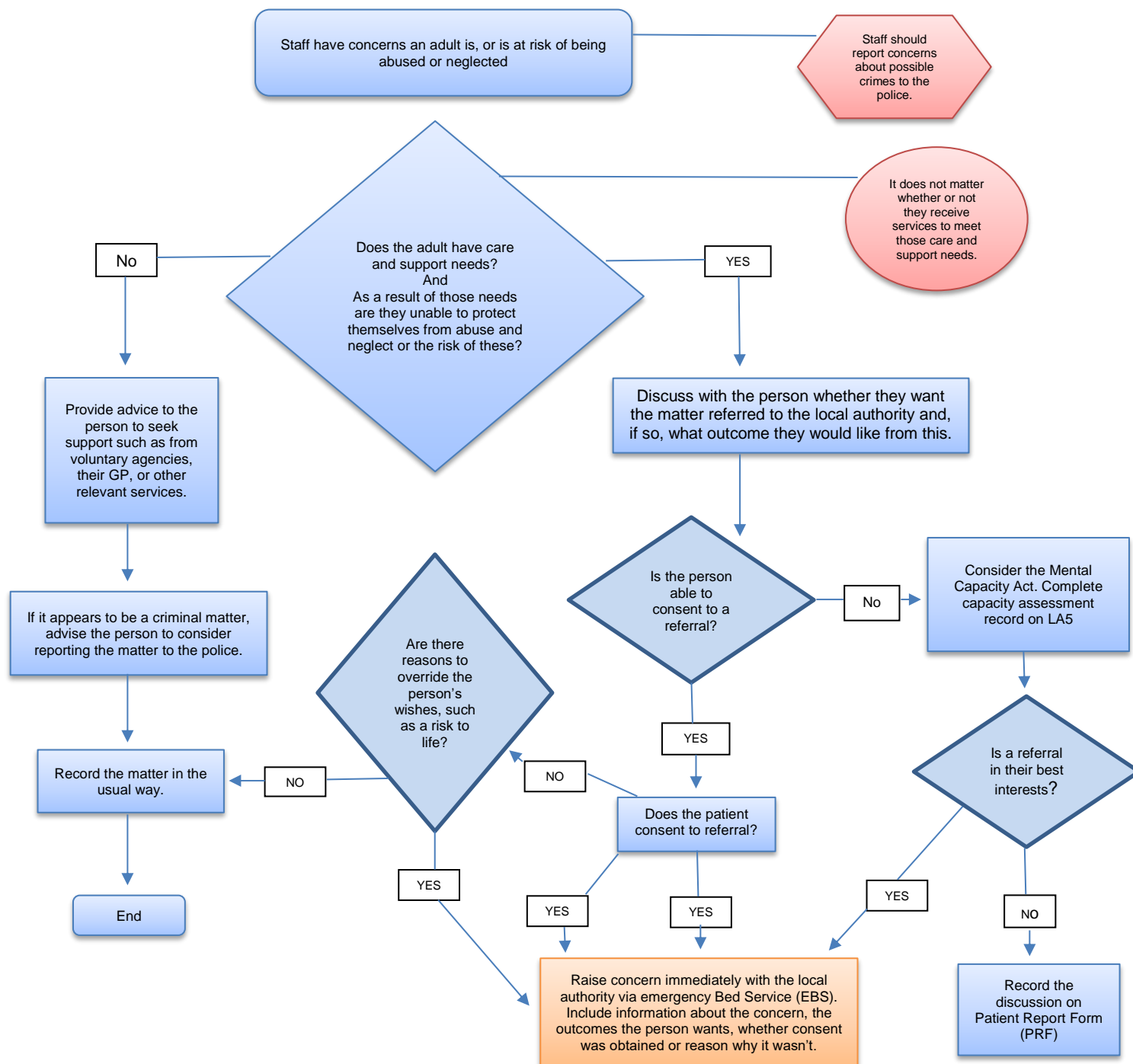
EBS Adult Safeguarding alert/concern escalation process

For urgent escalation
Please call (during office hours)

Child Specialist- 07557480116
Adult Specialist- 07557480117

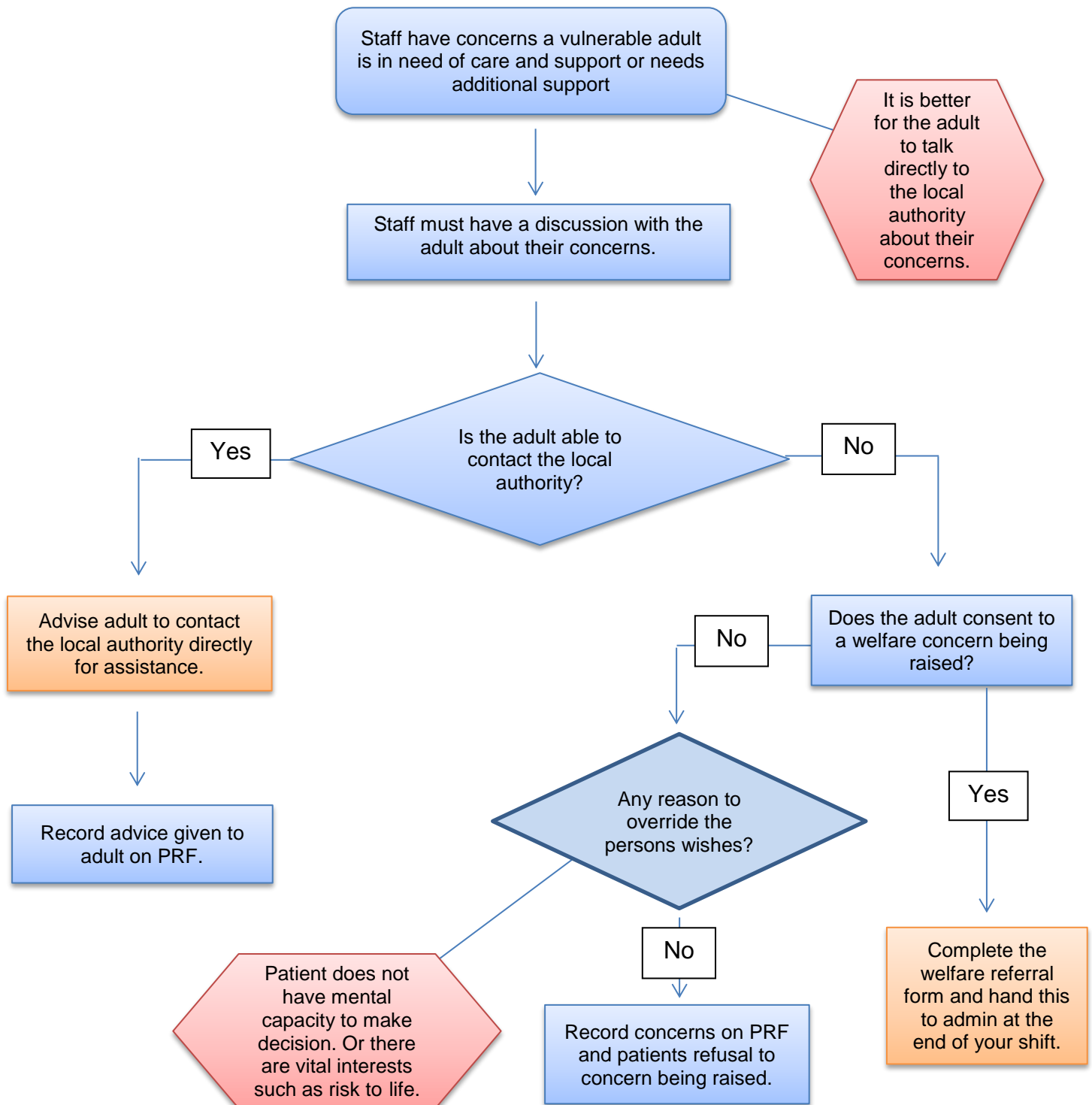
Flow charts on when to raise a safeguarding concern

Raising an Adult 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

Staff have concerns a child is vulnerable or at risk of significant harm of being abused or neglected.

Staff should request police attendance in an emergency

Staff should consider is the child vulnerable and in need (Section 17 Children Act) Consent is needed or
At risk of significant harm (Section 47 Children Act) consent not needed

For Section 17 if unable to gain consent please state why.

A referral can be made for a child even when not present if you suspect abuse.
(e.g. in domestic abuse situation or access to pornography)

Asses and treat the child. Where ever possible you should convey a child you have safeguarding concerns about.
Never leave a child at risk of significant harm at home.

If treatment or conveyance is refused inform EOC (who may inform local management or police as required).

Make a safeguarding referral via EBS.
Be clear to state reason child is considered in need or at risk of significant harm.

If you have safeguarding concerns for more than one child, you can list the other children on the front cover with their names and dates of birth and address if different.
If another child has also actually been abused complete a full form with individual details of abuse.

Phone EBS between 0800-2000hrs
To make referral outside of these times Fax referral to EBS

Any safeguarding referral must be made immediately within the job cycle time.

Record action on Patient Report Form (PRF)

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