London Ambulance Service NHS Trust

Safeguarding Children and Young People Policy

DOCUMENT PROFILE and CONTROL

Purpose of the document: is to ensure all LAS staff are aware of, and can recognise cases of suspected abuse and neglect of children and young people and are aware of the action to follow when abuse and neglect are suspected.

Sponsor Department: Quality Directorate

Author/Reviewer: Head of Safeguarding/ Safeguarding Lead Children.

To be reviewed by October 2022

Document Status: Final 5.1

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
16/10/19	5.1	Safeguarding Lead Children	• Safeguarding team roles added: Safeguarding Lead, Safeguarding Training Administrator, Safeguarding Data Coordinator and Administrator, Safeguarding Governance and Training Support. • Amended LA456 Learning from Safeguarding Events form – appendix 1 • The latest version of the EBS Child Safeguarding Referral Escalation flowchart included appendix 4 • The most recent Child Death Review flowchart – appendix 5 • Updated version of Raising a Child Safeguarding concern – appendix 6 • Recently agreed Safeguarding Children Other Outcome Process flowchart – appendix 7 • Safeguarding responsibilities within the Trust – appendix 8
9/10/18	5.0	Safeguarding Lead Children	Updated flowcharts and titles
30/11/18	4.2	Head of Safeguarding	Update roles, related documents and current safeguarding issues
09/18	4.1	Safeguarding Children's Specialist	Amended to current safeguarding issues
24/01/17	3.6	IG Manager	Formatting changes and Document Profile and Control update
14/12/16	3.5	Safeguarding Children Specialist	Update roles and added current safeguarding issues.
19/09/16	3.4	IG Manager	Document Profile and Control page update and corrections
09/09/16	3.3	Head of Safeguarding	Added 111 minor change
24/10/13	3.2	IG Manager	Appendix 1 added.
09/10/13	3.1	Head of Safeguarding	Sentence regarding training added in S.

		Children & IG Manager	14 as requested by SMT.
18/07/13	2.6	Head of Safeguarding Children & IG Manager	Revisions to Sections 1,3,4, & 15. New sections 6 and 9 added.
12/07/13	2.5	IG Manager	Formatting and other changes
31/01/13	2.4	Head of Safeguarding Children	Substantial changes made throughout document
23/09/09	2.3	Records Manager	Minor - reformatted
23/09/09	2.2	Head of Patient Experiences	Minor - added scope, responsibilities, monitoring and training
	2.1	Head of Patient Experiences	Minor – substantial changes made throughout document

For Approval By:	**Date Approved**	**Version**
SAG & QOG	22/10/19	5.1
SAG & QOG	02/19	5.0
PMAG (Chair's actions)	23/02/17	4.0
SMT	28/08/13	3.0
Chief Executive	15/10/07	2.0
Chief Executive	11/03	1.0
Ratified by (If appropriate):		

Published on:	**Date**	**By**	**Dept**
The Pulse	3/19	Comms Officer	Comms
The Pulse	24/02/17 (v4.1)	Governance Administrator	G&A
The Pulse	24/10/13 (v3.2)	Governance Coordinator	GCT
The Pulse	01/10/09	Records Manager	GDU
LAS Website	3/19	Comms Officer	Comms
LAS Website	24/02/17 (v4.1)	Governance Administrator	G&A
LAS Website	24/10/13 (v3.2)	Governance Coordinator	GCT
LAS Website	01/10/09	Web Officer	Comms
LAS Website	20/01/2010	Digital Comms Manager	Comms
Announced on:	**Date**	**By**	**Dept**
The RIB	03/19	Comms Officer	Comms

The RIB	28/02/17	IG Manager	G&A
The RIB	15/10/13	IG Manager	GCT
The RIB	27/10/09	Records Manager	GDU

Equality Analysis completed on	**By**
	Safeguarding Children's Specialist
29/05/2013	Head of Safeguarding Children
Staffside reviewed on	**By**

Links to Related documents or references providing additional information		
Ref. No.	**Title**	**Version**
	The Children Act (HM Government)	1989 and 2004
	Working Together to Safeguard Children (HM Government)	July 2018
	Serious Crime Act	2015
	United Nations Convention of the Rights of the Child (UNCEF)	1989
	What to do if you are Worried a Child is being Abused (HM Government)	2006
	Safeguarding Children in whom Illness is Fabricated or Induced (DCSF)	2005

	Information sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers (HM Government)	2018
	General Data Protection Regulation (GDPR)	25th May 2018
	Data Protection Act	1998
	Munro Report (DfE)	2011
	Medical Director's Bulletin No.214	2018
OP031	Policy for Consent to Examination or Treatment	2016
TP056	Core Training Policy (inc. TNA)	
LA456	Staff Safeguarding Action Plan	2013
	Equality Act (HM Government)	2010
HR039	Management of safeguarding allegations against staff policy & procedure	2015
TP102	Domestic Abuse Policy and Procedure	2016
TP119	Safeguarding Supervision Policy & Procedure	2018
TP118	Chaperone Policy	2018
HR003	Freedom to speak up: raising concerns (whistleblowing) policy	2016

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 or substantive.

1. Introduction

The London Ambulance Service Trust (LAS) is committed to safeguarding and promoting the welfare of children and young people across London and continues to work closely with partner organisations to improve this process.

Safeguarding is everyone's responsibility. Our legislative responsibilities to safeguard children and young people require us to be vigilant and responsive every time we engage with service users and families *(Children Act 1989, 2004).* For those children who are suffering, or likely to suffer, significant harm, joint working is essential to safeguard and promote their welfare and, where necessary, to help bring to justice the perpetrators of crimes against children.

The Trust's safeguarding structure is designed to ensure that all practitioners working to safeguard children and young people understand fully their responsibilities and duties as set out in primary legislation, associated regulations and guidance and ensure staff are familiar with national guidance.

This policy offers a mechanism (and separate practice guidance) to enable ambulance staff to raise any concerns which are then reported to the appropriate agency, usually the Local Authority Children's Services Department, for consideration of further action. Children's Services and the Metropolitan Police (MPS) have statutory authority and responsibility to investigate allegations or suspicions about child abuse or neglect.

The purpose of this document is to ensure all LAS staff are aware of, and can recognise cases of suspected abuse and neglect of children and young people and are aware of the action to follow when abuse and neglect are suspected.

LAS safeguarding team provides a statutory, supportive and advisory role to all staff working within LAS. The team provides a comprehensive safeguarding children's service for LAS staff involved with the care of children and their families.

This policy should be read in conjunction with the list of related documents and it supersedes any previously identified policy for safeguarding within the Trust.

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, those on temporary contract, volunteers and students (for the purposes of this policy they will be referred to as staff) are aware of their duties to uphold the welfare and rights of children and young people and fulfil their professional responsibilities to take action to prevent and minimise children from experiencing neglect, harm or abuse. In conjunction with other relevant policies

To ensure that all Trust employees, contractors and volunteers can recognise the signs of suspected neglect, harm or abuse whether working directly with children or not and know how to report it in a timely manner.

4. Responsibilities

Trust Board

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

Chief Quality Officer

Has executive responsibility for safeguarding providing leadership across the organisation, to ensure 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 successor

Medical Director

To act as the Trust's Caldicott Guardian and provide expert clinical advice.

Director of Operations

To ensure operational implementation and adherence to this policy. 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 trusts recruitment process follows that of the Safer Recruitment guidelines.

Quality & Governance Directorate

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

Head of Safeguarding and Prevent

Leads on Safeguarding and sets strategic objectives for safeguarding to ensure Trust meets contractual targets and standards in relation to safeguarding. Is responsible for setting safeguarding activity across the Trust. Provides expert advice and guidance on Trust committees and represents the Trust with external partners.

Safeguarding Lead Children

To develop and implement strategic plans for safeguarding children to improve quality and patient care within the Trust. Responsible for developing and writing and reviewing safeguarding policies and procedures in line with legislation and best practice. Provide expert safeguarding professional advice and offer leadership within the Trust in relation to safeguarding.

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 Children Specialist

Supports the safeguarding children agenda within the Trust, developing and delivering the internal safeguarding training and supervision. This role develops and ensures that

robust safeguarding systems and processes are in place within the Trust and provides specialist safeguarding advice and knowledge when needed. It also provides visible safeguarding leadership within assigned areas with the Trust.

Safeguarding Adult Specialist

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 Officer

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

Safeguarding Administrator & Data Coordinator

Support the Safeguarding Officer with the management of information as appropriate and maintain a database of safeguarding activities to produce internal and external reports. Ensure that safeguarding learning is shared within the Trust. Assist the Safeguarding Officer in liaising with other health and social care partners and other emergency services to gather complex information when there are safeguarding concerns.

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

This role is the central point of contact within the Safeguarding Team for all training. This involves planning and co-ordinating all safeguarding training to ensure that the Trust is complaint as well as analyzing the training attendance against the trajectory providing reports on compliance.

Emergency Bed Service (EBS)

To coordinate and quality assure the referral process, ensure routine quality assurance and effective communication with local authorities and other partners regarding safeguarding referral. Complete Form A in the event of a child death. To take telephone safeguarding referrals 24 hours a day from operational staff. Ensure that safeguarding referrals are of a good standard whilst providing an advisory role regarding safeguarding queries to LAS staff.

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.

4 Definitions

Safeguarding

Working together to safeguard children (HM Government, 2018)

Defined as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

Child or Young Person

Where the term **child**, **children** or **young person** is stated, this relates to a person who has not yet reached their 18th birthday *(Children Act 1989, 2004).*The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change his or her status or entitlement to services or protection under the Children Act 1989.

Categories of abuse

There are four categories of child abuse. They are defined in the UK Government guidance Working Together to Safeguard Children, 2018 as follows:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect

5 Legislation

The Children Act (1989, 2004) outlines the statutory and legal frameworks for the provision and delivery of child welfare services in England.

All NHS Trusts are required under legislative statutory duties to comply with the Children Act (2004, Section 11) which stipulate:

"*That organisations will make arrangements for ensuring their functions and services provided on the behalf, are discharged with regard to the need to safeguard and promote the welfare of children."*

"All those working in the field of health have a commitment to protect children, and their participation in inter-agency support to Social Services departments is essential if the interests of the children are to be safeguarded."

6 Key Principles of Safeguarding Children

All children deserve the opportunity to achieve their full potential. In 2003, the Government published the *Every Child Matters* Green Paper alongside the formal response to the report into the death of Victoria Climbié. The Green Paper set out five outcomes that are key to children and young people's wellbeing:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution and
- achieve economic wellbeing

7 Safeguarding Issues

Domestic Abuse

The cross government definition of domestic violence and abuse is:

Any incident or pattern of incidents of; controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality.

The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

(HM Government 2013, 2016)

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 even if the children are not present.

The changes to the definition of domestic raise awareness that young people in the 16 to 17 age group can also be victims of domestic violence and abuse.

Domestic abuse where there are no children in the family should be assessed on an individual basis regarding safeguarding referral or police referral if the abuse suspected is a crime. However, 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 children, young people and any adults at risk.

Referrals for parents/carers in a domestic abuse situation are made using the Domestic Abuse Pathway and policy TP102.

Gillick competence

"...*whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent."* (Mr Justice Woolf, 1982)

Refusal and Consent

Consent may be given either by the person with parental responsibility for the child or where the child has capacity to give consent, by the child. Where the child has sufficient maturity and understanding of the proposed procedure ('Gillick Competent') then the child is legally able to consent to treatment (but may not be able to refuse treatment). We must ensure they are protected and their best interests are taken into account. To prevent a child from risk of significant harm parental consent may be overridden. Staff should also contact Police via EOC (refer to OP31) in emergency situation to enable police use their powers of protection.

Child Death

There have been a number of changes to the child death review system. Currently all child deaths, with the exception of still births are reviewed by the local multi-agency Child Death Overview Panel (CDOP) and the newly formed Child Death Review Partners (CDRP) will enact their functions through the CDOPs. Their purpose is to review the deaths of all children and review themes and trends to determine whether there were modifiable or non-modifiable factors that resulted in the child's death. The CDOP is a subgroup of the Child Partnership Arrangements that have replaced the Local Safeguarding Children's Boards (LSCBs) and are accountable to the convener of the Child Partnership Arrangements.

In all cases of a child death operational staff should ring EBS. This is time critical. A safeguarding referral should be made where there are safeguarding concerns, regardless of whether the child was present during the episode leading to the death of the patient. Form A (notification of child death) is completed by EBS see (*Medical Director Bulletin 214-22nd May 2018).*

The flowchart for the Child Death Review Process to be followed within LAS is shown in Appendix 5.

Substance misuse

Children

If a patient is intoxicated or under the influence of recreational drugs and it appears that they may be under 18 they should be conveyed to hospital.

If there are safeguarding concerns then a safeguarding referral must be made. If in doubt staff should contact EBS.

When deciding whether to make a referral staff should consider the risk factors involved (see Appendix 2)

A patient intoxicated or under the influence of recreational drugs under 18 years of age is not to be left at home alone or discharged into the community unaccompanied. A responsible adult, ideally a parent or legal guardian, must be contacted and asked to collect the patient.

Adults

In a situation when excessive substance misuse has impacted on parental capacity, clinicians must ensure that the safety and welfare of the child is paramount.

Clinicians need to evidence that they have considered the needs of the child on the PRF and what action has been taken. If in doubt, advice can be sought at the time from EBS.

Female Genital Mutilation (FGM)

Female Genital Mutilation is child abuse and a crime (Female Genital Mutilation 2003) all referrals should be made via EBS see *Female Genital Mutilation (FGM) Flow Chart* (Appendix 3). The Department of Health has stated that all clinicians are to record in clinical notes when FGM has been identified and what type if known. Staff should follow the FGM flowchart for appropriate actions to take with regards to notifying partner agencies. Where a direct disclosure of FGM is made by the child this must be reported directly to the police via 101 or 999 if an emergency.

Youth Violence

.. ‘ *It is not an issue that one agency or government department can tackle alone.. It requires many others working together and sharing information’…*

(Ending Gang and Youth Violence Programme 2012-2015 HM Government, 2011)

It is imperative that all children involved in any violent assault including sexual assault and any involving a weapon, either as a victim or perpetrator should have a safeguarding referral made via EBS. Information sharing is key and needs to happen effectively when a child is coerced to become involved in criminal activities.

Child Criminal Exploitation (CCE)

This occurs when a child is coerced to become involved in criminal activities. These children often end up in the criminal justice system instead of being seen as in need of safeguarding and /or protection. This can be in the form of “county lines” (drug trafficking) and child trafficking.

Radicalisation

This follows the grooming process often used in CCE and CSE. In which the young person is coerced into undertaking harmful actions. See TP018 Prevent Policy & Procedure

Child Sexual Exploitation (CSE)

Ambulance staff are in a key position to recognise children and young people who are suffering sexual exploitation. Staff may also be able to pick up on signs of emotional, sexual and physical abuse or signs of violence when young people present with injuries, drug overdose, self-harm and substance misuse.

The Sexual Offences Act (2003) gives specific protection for a child under 13 years of age and any such offence should be taken to indicate a risk of significant harm to the child and Police should be contacted.

The age of consent for any form of sexual activity is 16, so any sexual activity between an adult and a child under the age of 16 is a criminal offence and Police should be contacted.

A safeguarding referral should be made via EBS and Police contacted where a crime/suspicion of crime is present.

Child Frequent Callers

By monitoring the frequency of calls placed by individuals it is possible to further identify children who are at risk, vulnerable or identifying patients that are accessing inappropriate pathways for their health needs.

The trust currently has a working group reviewing Frequent Callers, however, children don’t have a set frequency that constitutes ‘child frequent caller’. Data is received

retrospectively and reviewed by the Safeguarding Children's lead who liaises with other professionals making safeguarding referrals to the Local Authority/ Named Nurse and other relevant professionals as necessary.

Looked After Children (LAC)

'Looked after children' is defined in law under the Children Act 1989 it is:

A child is looked after by a local authority if he or she is in their care or is provided with accommodation for more than 24 hours by the authority. If staff have any safeguarding concerns about Looked after Children, a safeguarding referral needs to be made via EBS. (*Looked after children: Knowledge, skills and competences of health care staff INTERCOLLEGIATE ROLE FRAMEWORK March 2019)*

Safeguarding Concerns relating to the Unborn

Where there are concerns that the prospective parents might need support to care for their baby or that the baby may have suffered, or is likely to suffer, significant harm, a child safeguarding referral must be made to the local authority via EBS highlighting clearly the potential risk to the unborn.

Contextual Safeguarding

Contextual safeguarding is an approach to understanding & responding to young people's experiences of significant harm beyond the family.

Contextual safeguarding offers a framework to extend child protection/safeguarding approaches for assessment and intervention with families into extra-familial contexts in which young people also encounter harm, this will require staff to be 'professionally curious' as to the people the child is accompanied with, the location the child is picked up from etc.

It recognises that there are different relationships that young people form in their neighbourhood, schools and online that can feature violence and abuse that parents & Carers have little influence in these contexts. Safeguarding therefore expands the objectives of child protection systems in recognition that young people are vulnerable to abuse in a range of social contexts.

Self-Harm

Where there is no evidence that a child has accessed Mental Health services or disengaged, the child appears withdrawn and there is concern that they might be/are self-harming/ taken an overdose feeling. A referral should be made to Children's social care.

8 Safeguarding Process

LAS staff should refer all safeguarding children concerns via the Emergency Bed Service (See Appendix 6 - Raising a Child Safeguarding Concern flowchart) and these should be passed to Children's Social Care for an assessment. Except in

circumstances where after a discussion with EBS it is decided that there are no actual safeguarding concerns (See Appendix 7 – Safeguarding Children Other Outcome Process).

In circumstances which could be described as emergency cases should also be referred immediately to the MPS. Referrals are currently made by telephone to Emergency Bed Service (EBS) 24/7 within job cycle time for onward referral to the appropriate Children's Social Care services.

Staff have 24 hour telephone access to EBS for advice regarding safeguarding issues on 0207 407 7181.

Escalation Process

Within EBS there is an escalation process where when entering a safeguarding concern into datix the operator will check if a previous referral has been made for the child and if identified as another referral this is flagged on the current referral to inform the Local Authority of previous safeguarding concerns. There is also a trigger to escalate multiple referrals to the Safeguarding Specialist for Children who on receipt will review and escalate to other agencies as required. (See Appendix 4 - Child Safeguarding Referral Escalation flowchart)

9 Information Sharing

Good Practice Point

Under the Children Act there is a statutory duty to share information. The Data Protection Act 1998, Schedules 2 and 3 enable information to be shared between organisations to safeguard children and young people.

Information sharing between statutory organization's is fundamental to safeguarding children and young people, failure to do so may result in abuse going undetected or prolonging the suffering of children.

The Trust should endeavour to obtain the parent or carer's written consent to share information about the child and should explain what the information will be used for, wherever possible. Young people may be considered to be competent to provide consent to information sharing, unless doing so puts the child/young person in danger

Whilst it is good practice to share with families your intention to make a referral to Children's Social Care about their child's welfare, it is not a prerequisite. It is particularly important that parents/carers should *not* be informed of an ambulance crew's concern in circumstances when this may result in a refusal to attend hospital or any situation where a child may be placed at further risk. The safety of the child is paramount. This also applies to staff in control.

The most important consideration is whether sharing information is likely to safeguard and protect a child.

The following principles should be followed:

- *Relevant*

  Only information that is relevant to the purposes should be shared with those who need it. This allows others to do their job effectively and make sound decisions.

- *Adequate*

  Information should be adequate for its purpose. Information should be of the right quality to ensure that it can be understood and relied upon.

- *Accurate*

  Information should be accurate and up to date and should clearly distinguish between fact and opinion. If the information is historical then this should be explained.

- *Timely*

  Information should be shared in a timely fashion to reduce the risk of harm. Timeliness is key in emergency situations and it may not be appropriate to seek consent for information sharing if it could cause delays and therefore harm to a child. Practitioners should ensure that sufficient information is shared, as well as consider the urgency with which to share it.

- *Secure*

  Wherever possible, information should be shared in an appropriate and secure way. Practitioners must always follow their organisation's policy on security for handling personal information

- *Record*

  Information sharing decisions should be recorded whether or not the decision is taken to share. If the decision is to share, reasons should be cited including what information has been shared and with whom, in line with organisational procedures. If the decision is not to share, it is good practice to record the reasons for this decision and discuss them with the requester. In line with each organisation's own retention policy, the information should not be kept any longer than is necessary. In some circumstances this may be indefinitely, but if this is the case there should be a review process

Information Sharing (HM Government 2015)

Any particular concerns about sharing information should be referred to the Trust's Information Governance Manager or the Medical Director who is the Caldicott Guardian.

<u>Children conveyed in taxi's</u>

When a decision has been made to use a taxi to convey a child to hospital safeguarding must be considered and clear documentation on call log stating no safeguarding concerns and ensure to include the names and DOB of accompanying adults.

10 Freedom to speak up (formerly whistle-blowing)

The Freedom to speak up review (2015) chaired by Sir Francis is primarily to ensure staff feel safe to raise concerns.

Employees who have concerns about a colleague's conduct in their personal life or their professional practice.

Safeguarding concerns about staff, should be reported under the Safeguarding Allegations Against Staff HR039.

Employees are entitled to protection under the HR003 and the Public Interest Disclosure Act 1998.

11 Commissioned Services

The Trust requires that all commissioned service providers produce their own guidelines that reflect the Trust position on safeguarding children and young people, and the London Safeguarding Children Policy and Procedures. 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.

12 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 1989 and 2004. However, where this fails, the Trust will treat all allegations against staff seriously.

When an allegation is made about a member of staff the Trust will invoke the disciplinary procedure in line with Working Together to Safeguard Children guidance. Please refer to HR039 policy on Safeguarding Allegations Against Staff for further details.

The manager that has been alerted to the allegation has a responsibility to notify the Chief Quality Officer or the Head of Safeguarding, who will refer the concern to the Local Authority Designated Officer (LADO) where appropriate.

<u>Support for staff involved in the safeguarding children process</u>

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 the staff that allegations have been made against, in accordance with advice from the Local Authority Designated Officer (LADO) and the Metropolitan Police Service so as not to jeopardise the investigation. The Trust will manage confidentiality on a strictly need to know basis.

13 Training and Supervision

Current guidance means the Trust specifies 'Safeguarding Children and Adults' at Risk training as mandatory. The Trust will ensure that clinical staff receive appropriate support which allows the clinician to reflect on a challenging or traumatic call as well as reflect on their practice.

If as a result of an Internal Management Review of Serious incident etc, it is noted that further actions could or should have been undertaken by staff i.e. Missed opportunity, staff will be provided with a Staff Safeguarding Action Plan (Appendix 1 - LA456 proforma) to address the issues. This is then recorded on Datix. 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: safeguarding.las@nhs.net.

Safeguarding supervision has been identified for specific groups (please refer to TP119). Safeguarding supervision is not limited to these groups and staff can access safeguarding supervision via the safeguarding team and designated supervisors.

14 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 children and young people is one aspect.

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

The LAS has a safeguarding audit plan that undertakes reviews of practice annually. Recommendations are approved and monitored by the Safeguarding Assurance Group.

IMPLEMENTATION PLAN	
Intended Audience	All staff
Dissemination	The Pulse and the LAS Website
Communications	LAS News and The RIB Email QGAM'S/ CTL's
Training	Staff will receive training as documented in 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.	Monthly safeguarding report will be produced detailing activity. Also an annual report will be produced. These will be shared with local leads and Safeguarding Boards. An annual audit of safeguarding will also be undertaken.	The Head of Safeguarding Children is responsible for monitoring all Safeguarding Children activity and reports to the Safeguarding Committee, chaired by the Director of Health Promotion and Quality.	Safeguarding children activity will be reported to the Safeguarding Committee bi-monthly and scrutinised by the Clinical Care Quality, Safety & Effectiveness Committee. An annual report is published setting out Trust activity pan-London. Monitored by the Clinical Safety and Effectiveness Committee.	Recommend ations from SCRs will be reviewed and staff will receive feedback via the LA 456 action plan. Regular section in clinical newsletter on safeguarding . Local information disseminated via complex leads as well as bulletins

Appendix 1

NHS
London Ambulance Service
NHS Trust

Building a world-class ambulance service for a world-class city

Learning from safeguarding events Form

LA456

Identified areas for evaluation:

- ☐ **Missed opportunity to raise safeguarding concerns**
- ☐ **Quality of information provided**
- ☐ **Areas of learning**
- ☐ **Other**

Areas to be discussed: *To be completed by the Safeguarding Team*

Outcome of discussion: *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).*

Date completed:

Staff Comments/feedback:

Local Manager/Safeguarding Specialist/Lead: ..... Signed:.....

Staff Name:..... Signed:.....

Date:..... **Please return to:** Safeguarding.las@nhs.net

Appendix 2

Alcohol Ingestion - Does this Child/Young Person need a referral to Social Services?

This provides guidance to practitioners when considering a social services referral when children and young people have consumed alcohol.

Not all episodes of alcohol consumption require a referral. CONSIDER

C urrent vulnerability O occurrences P arenting E vidence of risky behaviour

Current Vulnerability

Are they alone? e.g. no responsible peer support at the scene.
Vulnerable location and circumstances? e.g. isolated, dangerous climate, time of day.
Is their safety compromised by their clinical condition? e.g. level of consciousness, amount of alcohol consumed.

Occurrences

Does this occur regularly? e.g. Is this a "One Off" or a rare occurrence?
Is it hazardous behaviour? e.g. signs of risky behavior or endangering themselves or others.
Has there been previous problem behavior? e.g. check history

Parenting

Do the Parents/Carers show emotional warmth? e.g. appropriate level of concern/warmth/love.

Are they contactable? e.g. Mobile phone, through relatives etc.

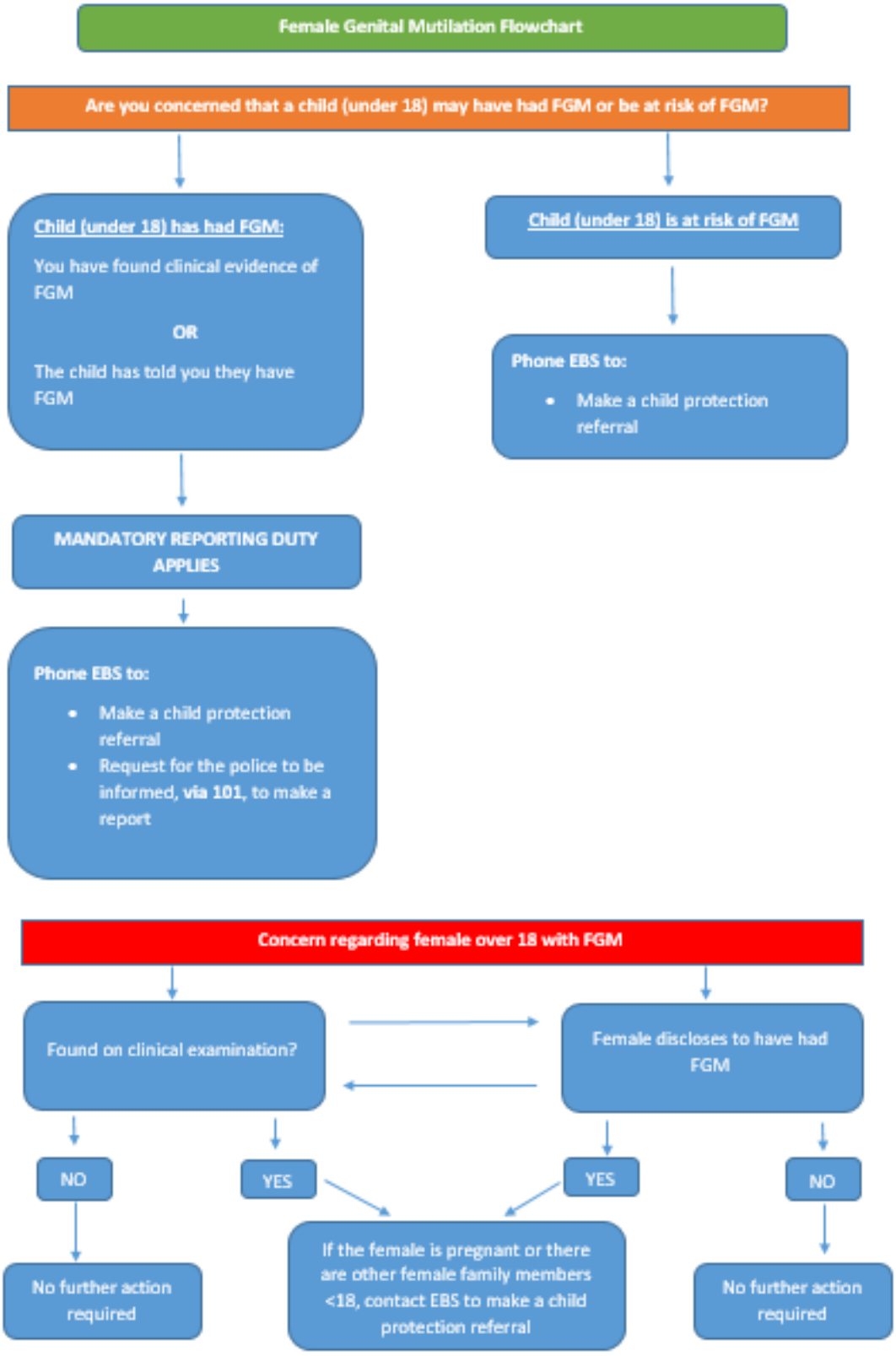
Do they show appropriate concern? e.g. by attending scene, attending hospital, taking care of the child at home.

Evidence of risky Behaviour

Are they staying out very late or overnight? Consider their age.
Are there indications of misuse of other substances? e.g. drugs or solvents.
Are they associating with older persons or controlling adults? Remember trafficking or sexual exploitation
Any indication of physical or sexual abuse?
Truancy? Drinking alcohol when they should be in school.
Are they participating in other self harming behaviours? Including suicidal thoughts.
Is the child or parent refusing appropriate medical care?

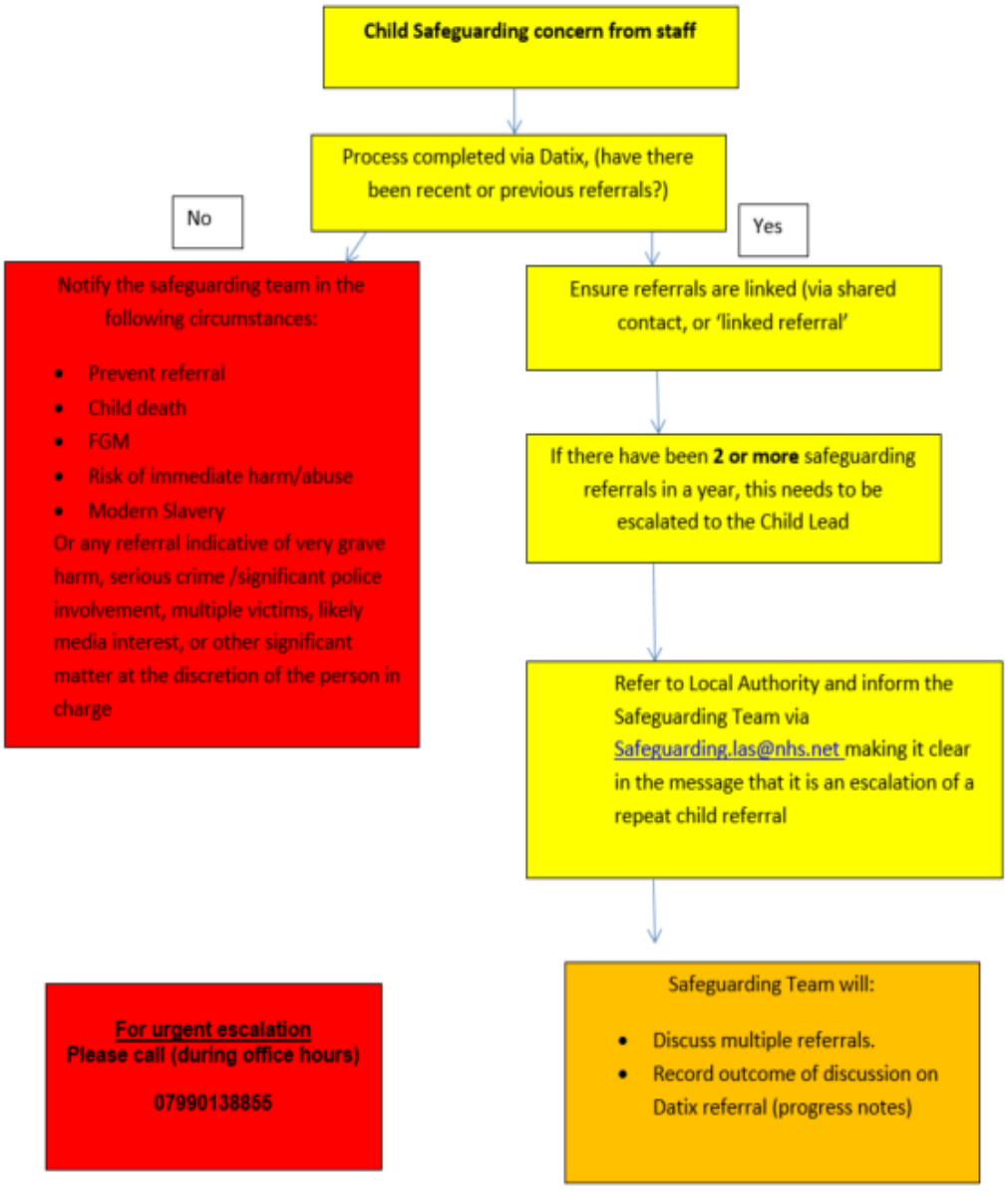
Remember LOOKED AFTER CHILDREN (LAC) should always be referred if they are at risk of harm as the local authority has a corporate parenting role.

APPENDIX 3


Female Genital Mutilation Flowchart
Are you concerned that a child (under 18) may have had FGM or be at risk of FGM?
Child (under 18) has had FGM:
You have found clinical evidence of FGM
OR
The child has told you they have FGM
Child (under 18) is at risk of FGM
Phone EBS to:
Make a child protection referral
MANDATORY REPORTING DUTY APPLIES
Phone EBS to:
Make a child protection referral
Request for the police to be informed, via 101, to make a report
Concern regarding female over 18 with FGM
Found on clinical examination?
Female discloses to have had FGM
NO
YES
YES
NO
No further action required
If the female is pregnant or there are other female family members <18, contact EBS to make a child protection referral
No further action required

London Ambulance Service NHS
NHS Trust

EBS Child Safeguarding Referral Escalation Process



EBS -Child referral escalation process Oct 2019 JF

London Ambulance Service NHS Trust

Building a world-class ambulance service for a world-class city

Child Death Review Process

Child Death Notification Received By Safeguarding Department

3 Week Deadline Noted

All information obtained and entered on Datix and Paperwork Requested by Safeguarding Officer/ Admin

Request for Clinical Review of Case sent via Datix with link / Deadline provided to Relevant Senior Clinical Lead

Senior Clinical Lead comments to be entered into progress notes, email sent via Datix to Safeguarding.las@nhs.net informing of completion.

Review clinical practice within 4 working days of receipt of notification.

(Should there need to be further investigation or SI consideration follow below)

All Care and Treatment provided appropriate

↓

Senior Clinical Lead to record appropriately and email Safeguarding.las@nhs.net

↓

Safeguarding Officer to arrange for 2nd Safeguarding Review

If Care and Treatment issue identified

↓

Senior Clinical Lead should email Safeguarding.las.nhs.net via Datix and state issue and Datix number.

The senior Clinical Lead Should not send to SIG

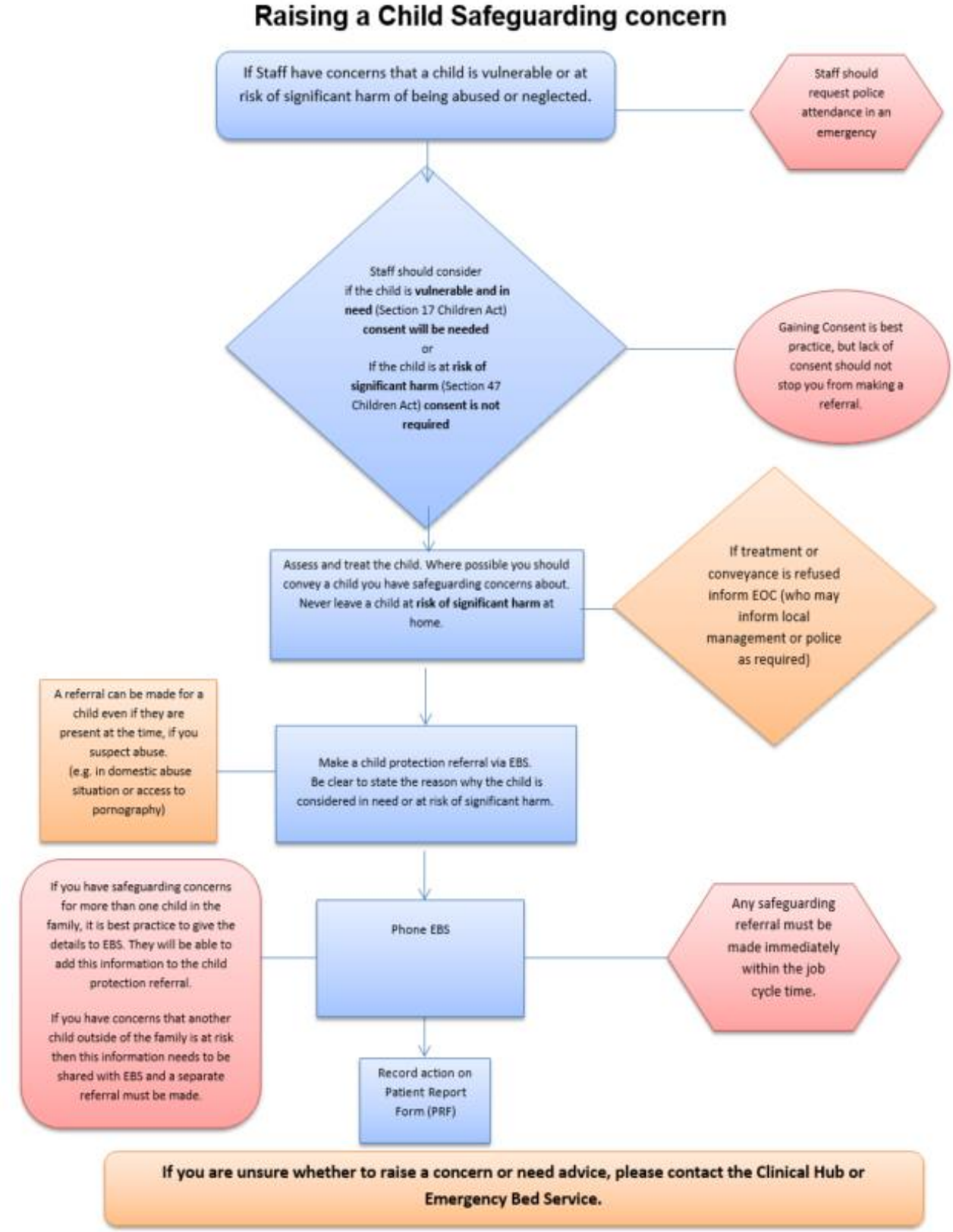
↓

The Safeguarding Officer/admin will log and send relevant information to next SIG

October 2019 JF Safeguarding Team

Appendix 6

Flowcharts on when to raise a Child Safeguarding Concern



London Ambulance Service NHS Trust

Safeguarding Children Other Outcome Process

All Safeguarding Children Referrals must be passed to the Local Authority except:

In cases where the crew **do not** have a safeguarding concern, such as:

- Intoxicated minor not at risk of harm
- Child accident, where the explanation is consistent with the injury
- Cases where there is insufficient details (i.e. call from a phone box with no contact details)

Once EBS have decided that a safeguarding referral is not required:-

- EBS will record the decision clearly on DATIX as 'other outcome'
- EBS will give the crew the DATIX ID reference number
- Operating Room Manager (ORM) will approve the decision during the shift

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

Safeguarding Children Team will undertake a quarterly audit of the other outcomes

Safeguarding Concern Other Outcome Process October 2019

Appendix 8

Safeguarding Responsibilities within the Trust