



Policy on Safeguarding Vulnerable Persons

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X.1	September 2012	October 2012	Safeguarding and Mental Health Strategic Advisor	Safeguarding Children and Adults policies merged and updated.
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X2.1	April 2017	NA	Safeguarding Practitioners and MH Strategic Advisor	Updated Legislation and staff roles and responsibilities, and addition of the Training Needs Analysis. Presented to CGMG
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4.0	May 2019		Safeguarding Manager Chief Nurse	Review of Policy

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1. Introduction

This Policy has been designed to advise all staff and services of their safeguarding responsibilities and training requirements and provides accessible guidance and information. The Policy combines the common principles of safeguarding children, young people and 'adults at risk' along-with any distinct differences from a policy and practice context and should be read in conjunction with the Safeguarding Vulnerable Persons Procedures.

Safeguarding involves a range of activities aimed at upholding an adult's, child's or young person's right to be safe and free from harm. It incorporates the concepts of prevention, empowerment (for adults) and protection, and involves agencies taking appropriate actions to address potential concerns, working to agreed local policies and procedures in full partnership with other local agencies. North West Ambulance Service NHS Trust (NWAS) interfaces with Safeguarding Boards, Local Authorities, Named Professionals and a number of statutory and non-statutory organisations across the North West and is committed to working together to improve outcomes for all patients. NWAS also strives to learn and share lessons when things go wrong and share best practice when things go right.

Safeguarding children is everyone's responsibility and is a legal requirement under the Children Act 1989 and 2004. Arrangements for multi-agency working are set out in 'Working Together to Safeguard Children' (2018).

The Care Act (2014) provides a legal framework for adults with care and support needs and includes statutory requirements for the safeguarding of adults. Other legal frameworks of relevance include The Human Rights Act (1989), The Equalities Act (2010), The Mental Health Act (1983), The Serious Crime Act (2015) and The Mental Capacity Act (2005).

The Trust promotes equality and respect for the diversity of the people living within the area it serves, regardless of age, gender, culture, religion, language, physical or learning disability or sexual orientation. Staff must be sensitive to differing family patterns and lifestyles which vary across racial, ethnic and cultural groups and apply culturally sensitive clinical skills wherever possible. Harm can occur within circumstances which are as diverse as the numbers of people at-risk; however, abuse cannot be condoned or ignored for religious, cultural or any other reasons. Issues relating to culture and ethnicity may present challenges and barriers to understanding for patient facing and telephone triage staff working within NWAS who must endeavour to utilise the tools available to provide the best quality of care to these patients (for example language-line). It is important to understand what has happened to the patient so that an accurate assessment can be made. Ethnicity must be recorded on Patient Report Forms and within safeguarding concerns as outcomes for all patient groups are monitored and audited.

2. Purpose

This Policy defines the principles of child and adult protection and the responsibilities of all NWAS staff and services when abuse is known or suspected. It is also the responsibility of all staff to ensure they receive the correct level of safeguarding training detailed in Appendix 4.

22 This Policy applies to children and young people **up to the age of 18 years, (i.e. they have not had their 18th birthday)** and to Adults in need of care and support who are at risk (Care Act 2014).

23 The policy will be applied by **all** staff and others working on behalf of NWAS, including:

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- North West Ambulance Service NHS Trust Staff.
- Community responders working on behalf of NWAS
- Volunteers
- Externally contracted personnel
- Observers

3. Definitions

24 **Abuse:** Abuse of children can be in the form of physical abuse, emotional abuse, sexual abuse or neglect (including acts of omission or failure to act).

3.1. Abuse of adults can be physical, sexual, psychological (includes emotional abuse), exploitation, financial or material abuse, neglect or acts of omission, self-neglect; discriminatory abuse, institutional and organisational abuse, modern slavery, or domestic abuse. Other considerations should also be given to hate crime and elder abuse.

3.2 **Harm:** Injury (physical or psychological) caused by abuse or neglect, or by the failure to act. Harm can be considered unexpected if it is not related to the natural course of the patient's illness or underlying condition.

3.3 Children and young people:

Although there is no single law which defines the age of a child across the UK, the UN Convention on the Rights of the Child, states that a child "means every human being **below the age of eighteen years (18)**". This definition was ratified by the UK Government in 1991. (Article 1, Convention on the rights of the Child 1989).

2.5 Safeguarding and promoting the welfare of children is defined as:

- Protecting children from abuse and neglect.
- Preventing impairment of their health and development and
- Ensuring they receive safe and effective care.

3.5 Adults at risk.

An 'Adult at risk' has been defined by the Law Commission as:

'A person aged 18 years or over who appears to have health and social care needs and appears to be at risk of harm'.

The Care Act (2014) applies the definition *'A person aged 18 or over who is at risk of abuse or neglect because of their need for care or support'.*

These definitions provide a broader scope for adults requiring protection however practitioners must consider factors relating to a person's vulnerability, e.g.

- Personal characteristics of the 'adult at risk' that increase or decrease vulnerability such as; mental capacity, communication ability, levels of physical dependence on others, any previous experiences of abuse.
- Social factors which increase or decrease vulnerability such as; levels of isolation and integration, levels of family support, levels of independence and engagement with the community, levels of access to information support and advice

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3.6 Safeguarding adults is:

“Any work or activity which aims to support vulnerable adults or adults at risk to retain independence, well-being and choice and to live a life which is free from abuse and neglect”.

The six key principles which underpin all adult safeguarding work are:

- **Empowerment-** Personalisation, person-led decisions and informed consent.
- **Prevention-** To take action before harm occurs
- **Proportionality-** Take the least intrusive response appropriate to the risk presented.
- **Protection-** Support and represent those in greatest need.
- **Partnership-** Local solutions working with other agencies and communities.
- **Accountability-** accountability and transparency in delivering safeguarding.

4. Duties and Responsibilities

The Trust’s responsibilities regarding safeguarding are as follows:

4.1 Chief Executive Officer (CEO)

- The CEO is responsible for ensuring that the Trust fulfills the statutory requirements within Safeguarding Children and Adults legislation including meeting safeguarding contracted standards and regulation standards. This is a delegated responsibility to the Director of Quality.

4.2 Director of Quality

- It is the responsibility of the Director of Quality to ensure effective safeguarding systems are in place across the Trust.
- The Director of Quality is responsible for ensuring Safeguarding Vulnerable Persons activity and compliance is reported to the Trust Board via relevant Committees
- The Director of Quality has overall responsibility for the content of all serious case review submissions in line with statutory requirements. This responsibility is delegated to the Head of Clinical Safety and the Safeguarding and Mental Health Strategic Advisor.

4.3 Medical Director

- Is responsible for ensuring Caldicott principles are followed in relation to safeguarding and information sharing.

4.4 Chief Nurse

- Strategic responsibility for safeguarding development.
- Responsible for the strategic safeguarding planning in line with the Right Care Strategy.

4.4 Head of Clinical Safety:

- Strategic responsibility for safeguarding development
- Strategic management of the Safeguarding Team, its roles and functions.
- Responsibility for ensuring safeguarding reports and audits are received by the Trust Board, Quality Committee and Executive Management team.
- Responsible for Serious Case Review (SCR) and Domestic Homicide Review (DHR) reports and co-ordination of requests for information for legal cases.
- Responsible for contributing to the Trusts Strategy and Annual Plan.
- Report to and advise the Executive Management Team and the Trust Board on all matters

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relating to safeguarding.

- Provision of specialist advice and support to staff in relation to child and adult protection or safeguarding issues.
- Represent the Trust at appropriate external safeguarding meetings across the North West including the National Ambulance Safeguarding Group.

4.5 Safeguarding Manager (Named Professional for children and adults)

- Responsibility as the 'Named Professional' for safeguarding in the Trust.
- Provision of specialist advice and support to staff in relation to child and adult protection or safeguarding issues.
- Responsible for the management of the Safeguarding Team.
- Responsible for implementing the annual review of the Trust's Vulnerable Persons Policy and Procedures.
- Responsible for liaising with external stakeholders and the sharing of information where appropriate.
- Responsible for engagement with Safeguarding Boards and the Lead Commissioner (CCG Blackpool) to ensure NWAS practice, policies and procedures are compliant and effective and monitored through annual audit.
- Responsible for the contribution to Serious Case Review (SCR) and Domestic Homicide Review (DHR) reports and co-ordination of requests for information for legal cases.
- Where required attend case conferences and court hearings on behalf of the Trust.
- Represent the Trust at appropriate external safeguarding meetings across the North West.
- Promote compliance with safeguarding policy and procedures.
- Develop and report on safeguarding clinical safety indicators (CSI's) and audits to demonstrate assurance.
- Ensure the process for Learning Lessons from Serious Case Reviews and other safeguarding related incidents becomes embedded within Safeguarding and Incident Learning Procedures.

4.6 Safeguarding Practitioners

- Lead on the management of the day to day safeguarding vulnerable person's concerns.
- Liaise with relevant external stakeholders and where appropriate, share relevant information in accordance with the Trust's Information sharing Policy and associated Procedures.
- Promote compliance to the Trust's Safeguarding Vulnerable Persons Policy and Procedures.
- Responsible for producing safeguarding report data for relevant committees and the Trust Board.
- Liaise with the Safeguarding and Mental Health Strategic Advisor and provide information with regard to any relevant day to day management activities.
- Contribute to the content of serious case review reports and in conjunction with the Trust's Legal department, co-ordinate any relevant requests for information for legal cases.
- Provide a link between operational staff and the Safeguarding and Mental Health Strategic Advisor in order to facilitate information requests from external sources.
- Provide specialist advice and support to staff in relation to safeguarding children and adults at risk.
- Attends or facilitates Trust representation at external safeguarding meetings across the North West.

4.7 Heads of Service and Sector Managers:

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- Ensure the Trust is appropriately represented on Children and Adult Safeguarding Boards in each area.
- Ensure appropriate monitoring and reporting mechanisms are developed, reviewed and communicated to the Trust Board via relevant Committees.
- Responsibility for making appropriate recommendations to ensure that the Trust remains compliant with safeguarding policy, procedure and practice.

4.8 Consultant and Advanced Paramedics

- The Consultant Paramedic will liaise closely with the Safeguarding Practitioner for their area to have an oversight of the ongoing safeguarding work and issues that have arisen within their areas.
- Provide safeguarding advice to frontline staff where required, and ensure staff follow the Trust Safeguarding Policy and Procedures in relation to raising a safeguarding concern.
- Support Investigations and learning events both internally and externally.
- Support and help facilitate internal lessons learnt reviews in line with the Incident Learning Policy and support the Safeguarding team to disseminate this learning Trust wide.
- Support the Safeguarding Practitioners in attendance at rapid response meetings and Serious Case review meetings, ensuring that minutes from the meetings are recorded centrally. This will allow the Trust to capture any specific actions and respond appropriately.
- Refer any identified safeguarding incidents to the Safeguarding Team if relevant and in accordance with the Incident Learning Policy. This demonstrates that the Trust takes issues seriously, practice is scrutinised and staff are afforded the opportunity to learn from these events.

4.9 Band 6 Managers (all clinical services),

- Responsibility for ensuring adherence to the Safeguarding Vulnerable Persons Policy and Procedures.
- Representing the Trust at external Safeguarding Strategy Meetings if necessary.
- Notify the Safeguarding Team when a strategy meeting is being held in respect of practice carried out by NWS staff and where there may be contentious issues for the Trust. This allows the Trust to capture data (as an external incident) and record any formal responses made to these meetings. If issues are raised in the future the Trust has a record of all actions taken and of any relevant associated documentation.
- Notify the Trusts Legal Team if there are any contentious issues regarding patient care or conduct by staff from NWS.
- Notify the Safeguarding Team that a Strategy Meeting has been called. The Safeguarding Team will provide advice and support to obtain relevant documentation.
- Refer any identified safeguarding incidents to the Safeguarding Team if relevant and in accordance with the Incident Learning Policy. This demonstrates that the Trust takes issues seriously, practice is scrutinised and staff are afforded the opportunity to learn from these events.

4.10 Senior Managers with staff management responsibilities

- Managers must set an example and ensure that the professional standards of practice for all staff at work are enforced thus promoting dignity in the workplace and in clinical practice.
- Managers will deal with unprofessional behaviour in accordance with the Trusts Disciplinary Policy to quickly address inappropriate behaviour thus preserving the good reputation of the trust and confidence of staff and the public.
- Managers must not knowingly allow a member of staff who is barred to work in regulated

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activity as this will be breaking the law

- If a member of staff is dismissed or removed from regulated activity (or they would have been if they had they not already left) because they harmed or posed a risk of harm to vulnerable groups including children, then the Trust is legally required to forward information about that person to the Independent Safeguarding Authority. It is a criminal offence not to do so. If it is believed that the person has committed a criminal offence, information about this must be passed to the police. For further information on the duty to refer to the ISA, please see www.isa.homeoffice.gov.uk.
- Senior Managers would be expected to work with the Department of Human Resources in relation to decision making around referral to the ISA. See Section 11.

4.11 Staff working in Paramedic Emergency Services, Patient Transport Services and Control Centre Staff

Staff must take appropriate action if they suspect or know a child or adult is being abused or is likely to come to significant harm. **It is a professional duty to refer concerns appropriately and failure to act on concerns is a breach of the Safeguarding Vulnerable Persons Policy and Procedures and could result in further harm or death to the patient.** This is important even if other agencies are involved in the incident. The Police and other agencies are expected to raise their concerns separately.

- Staff must seek appropriate support, safeguarding supervision or advice to aid decision making regarding concern procedures if clarity is required. This can be accessed via the Advanced Paramedic or from the Safeguarding Team by email: Safeguarding.nwas@nhs.net or by phone: 01204 498 400 or 01228 403000

4.12 Support Centre Staff

- Are responsible for taking telephone concerns from staff and accurately populating the electronic concern forms.
- Responsible for ensuring the referrer is happy with the content of the safeguarding concern by reading back the free text.
- Responsible for inputting safeguarding data into the Trust secure database (ERISS) and alerting the Trust Safeguarding Team of any related issues.
- Responsible for sharing the safeguarding concern with the relevant Social Care department via the ERISS system.
- Responsible for raising immediate safeguarding concerns with the relevant emergency duty team.

4.13 All Employees

- Employees of North West Ambulance Service (NWAS) are responsible for the safety and well-being of patients and have a duty of care for those patients who are less able to protect themselves from harm, abuse or neglect. This also includes 'avoidable harm' which may be caused to a patient for example through inappropriate positioning, moving or handling.
- It is the responsibility of all NWAS employees to be familiar with the Safeguarding Vulnerable Persons Policy and Procedures, and to implement them when abuse is known or suspected.
- Where there is disagreement between staff whether or not to raise a safeguarding concern, staff must be aware of their individual duty to protect vulnerable people. Junior staff may wish to discuss a difference of opinion with their senior staff, including Senior Paramedics or an Advanced Paramedic, or a member of the Safeguarding Team. This ensures they receive support and supervision regarding the incident and are helped to make the decision whether or not to refer the concern. Ultimately the decision is theirs and further guidance

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can be found within the Safeguarding Vulnerable Persons Procedures.

- Staff are also encouraged to raise their concerns about thresholds with social care if the decision is taken that a case does not meet threshold for action. They can do this by discussing their concerns with their Senior or Advanced Paramedic or the Safeguarding Team if they are unhappy with the outcome of their concern and the decision will be challenged on their behalf with the appropriate social care department or the patient referred to another health provider.

5. INFORMATION SHARING

5.1 It is recognised that responsible information sharing plays a key role in safeguarding and there is evidence from Serious Case Reviews and Adult Reviews that children and adults have come to harm when services do not openly share the concerns or information they have.

5.2 The need to distinguish between the principles of confidentiality and the need to share information must be in accordance with legislation and the guidance provided by the Trust.

5.3 NWAS staff are required to adhere to the legislation in relation to patient confidentiality and the disclosure of information.

6. SERIOUS CASE REVIEWS AND LEARNING LESSONS

When a child or adult dies or suffers significant harm, and abuse or neglect is known or suspected to be a factor, the Local Safeguarding Children and Adults Boards (**LCSB and LSAB**) may recommend that a Serious Case Review (**SCR**) is undertaken. Community Safety Partnerships may request a Domestic Homicide Review (**DHR is undertaken**). Organisations consider whether there are lessons to be learnt about the ways in which they work together to safeguard and promote the welfare of children and adults at risk. The Safeguarding and Mental Health Strategic Advisor (or nominated deputy i.e. Safeguarding Practitioners), contributes to the **SCR** process by writing the Individual Management Review report and ensures that any organisational learning outcomes are implemented via the Learning Lessons Action Tracker, and the Trust Learning Lessons Forums.

7. EDUCATION AND TRAINING

The Trust will provide mandatory safeguarding training to all staff which covers the Safeguarding Vulnerable Persons policy and procedure as identified within the Training Needs analysis at Appendix 4. All clinically trained staff, Control staff, Managers, and volunteers will have refresher training **at least once** every two years as per the Trust Training Needs Analysis.

8. POLICY AND PROCEDURE REVIEW

This policy and the safeguarding Vulnerable Persons Procedures will be reviewed by the appropriate Committee every 2 years or earlier if required.

9. IMPLEMENTATION AND MONITORING

9.1 This Policy and Procedures will be reviewed every two years unless there are changes to national guidance or in legislation. In this case the Policy will be reviewed earlier.

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92 The effectiveness of the Safeguarding Vulnerable Persons Policy and Procedures will be assessed through the monitoring and reporting of relevant audit data (safeguarding related audits and clinical safety indicators), and through analysis of safeguarding incidents (e.g. through the Serious Case Review Process) and lessons which need to be learned. This also includes monitoring of progress of safeguarding action plans and the Safeguarding Team Work Plan.

This Policy will be approved by the Clinical Governance Management Group. The Policy and related procedures will be publicised on the Trusts intranet, the regional bulletin and by the Safeguarding Team via bulletins and reports.

Safeguarding Vulnerable Persons Policy and Procedures	
Area for monitoring	Monitoring Process
Duties and responsibilities	Actions or inactions of staff are identified from Incident Reporting, Serious Case Review analysis, Complaints and through the investigation process (e.g. Strategy meetings). Risks in relation to failure to act are captured on the Quality Directorate Risk Register.
Training and Education	Staff competency requirements are monitored through annual evaluation of the Trust Training Needs Analysis and this links to Personal Development Plans (as part of the KSF). Compliance with mandatory training is reported to the Board (monthly).
Policy Review	Consultation with Local Safeguarding Children's Boards and Adults Boards in North West and with the Lead Commissioner CCG Blackpool. The Policy will proceed for approval through the Clinical Governance Management Group, and for final approval to the Quality Committee
Process for monitoring Action Plans	Safeguarding related action plans are added to the Safeguarding Team work plan monitored monthly and reported to the Clinical Governance Management Group.
Process for ensuring appropriate standards of performance e.g. quality standards (CSI's)	Safeguarding performance standards are monitored for both activity and quality and captured within the Clinical Safety Indicator audits. These audits are

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	reported to a number of Committees including the Quality Committee, the Executive management Team and to the Trust Board.
Process for monitoring external agency communications.	External agency feedback is captured in a number of ways: through Clinical Safety Indicator audits, complaints monitoring, and through contacts from the LSCB's and LSAB's. This activity is monitored, added to the Safeguarding Team Work Plan and reports disseminated to the Board via the above reporting structure.
Procedure for ensuring Safeguarding Vulnerable Policy is updated to reflect new or updated national developments/guidelines and legislation.	New guidance and legislation reaches the Trust via professional safeguarding networks and communications. Implications for NWAS are analysed and risks and benefits communicated to the Board via the reporting structure to: Clinical Governance Management Group Executive Management Team Quality Committee Trust Board. Policy or procedural amendments are made thereafter and communicated to staff via clinical bulletins, weekly news bulletin and the intranet.

10. NWAS RELATED POLICIES AND PROCEDURES

- Vulnerable Persons Procedures
- Sudden Unexpected Death in Infants Children Adolescents Procedure
- NWAS Capacity to Consent Policy
- Incident Reporting and Investigation Policy
- Health Care Profession Council (HCPC) of practice and NWAS Code of Conduct
- Frequent Caller Policy and Procedure.
- Domestic Abuse Guidance (Support for staff)
- Domestic Abuse Procedure
- Criminal Bureau Checks policy
- Disciplinary Policy
- Prevent Guidance and Referral Process.
- North West Regional Mental Capacity Act (2005) Joint Protocol
- Raising Concerns Policy
- Procedure for the Management of Allegations of Abuse or Neglect of a child or Adult at Risk.

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11. REFERENCES AND BIBLIOGRAPHY

- Children Act 1989 (2004);
- Working Together to safeguard Children (2018)
- Serious Crimes Act (2015)
- Female Genital Mutilation Act (2003)
- Sexual Offences Act (2003)
- The Care Act (2014) and Statutory Guidance (2016)
- The Protection of Children in England: A progress Report by Lord Laming 2009 (following the Death of Baby P)
- Mental Capacity Act (2005) and the Code of Practice
- Care Quality Commission - Core standards (2014) Ambulance trusts
- Information Sharing: Guidance for practitioners and managers (2008).
- Department of Health Working Together to Safeguard Children (2015)
- Disclosure and Barring Service (2012)
- The Victoria Climbié Inquiry. Report of an Inquiry by Lord Laming (2003);
- Serious Case Reviews (2012-2012) North West Region
- Department of Health (2002/2003) The Confidentiality NHS Code of Practice;
- Department of Health (2003), What to do if you're worried a child is being abused;
- Data Protection Act (1998);
- European Convention of Human Rights Act 1998;

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