Safeguarding Policy

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Trust Policy Foreword
SWASFT has a number of specific corporate responsibilities relating to patient and staff safety and wellbeing which should be included within all Trust policy and strategy, as a foreword inside the front cover:

Code of Conduct and Conflict of Interest Policy - The Trust Code of Conduct for Staff and its Conflict of Interest and Anti-Bribery policies set out the expectations of the Trust in respect of staff behaviour. SWASFT employees are expected to observe the principles of the Code of Conduct and these policies by declaring any gifts received or potential conflicts of interest in a timely manner, and upholding the Trust zero-tolerance to bribery.

Compassion in Practice – SWASFT will promote the values and behaviours within the Compassion in Practice model which provide an easily understood way to explain our role as professionals and care staff and to hold ourselves to account for the care and services that we provide. These values and behaviours reflect the Trust’s commitment to developing an outstanding service through the conduct and actions of all staff. SWASFT will encourage staff to demonstrate how they apply the core competencies of Care, Compassion, Competence, Communication, Courage, and Commitment to ensure our patients experience compassionate care.

Duty of Candour – SWASFT will, as far as is reasonably practicable, apply the statutory Duty of Candour to all reported incidents where the Trust believes it has caused moderate or severe harm or death to a patient. This entails providing the affected patient or next of kin (within strict timescales) with: all information known to date; an apology; an explanation about any investigation; written follow-up; reasonable support; and the outcome fed back in person (unless they do not want it). The only exception is where making contact could have a negative impact upon the next of kin. SWASFT employees are expected to support this process by highlighting (early) any incident where they believe harm may have been caused.

Equality Act 2010 and the Public Sector Equality Duty - SWASFT will act in accordance with the Equality Act 2010, which bans unfair treatment and helps achieve equal opportunities in the workplace. The Equality Duty has three aims, requiring public bodies to have due regard to: eliminating unlawful discrimination, harassment, victimization and any other conduct prohibited by the Act; advancing equality of opportunity between people who share a protected characteristic and people who do not share it; and fostering good relations between people who share a protected characteristic and people who do not share it. SWASFT employees are expected to observe Trust policy and the maintenance of a fair and equitable workplace.
**Fit and Proper Persons** – SWASFT has a statutory duty not to appoint a person or allow a person to continue to be an executive director or equivalent or a non-executive director under given circumstances. They must be: of good character; have the necessary qualifications, skills and experience; able to perform the work they are employed for (with reasonable adjustments); able to provide information required under Schedule 3 (Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The definition of good character is not the test of having no criminal convictions but instead rests upon judgement as to whether the person’s character is such that they can be relied upon to do the right thing under all circumstances. This implies discretion for boards in reaching a decision and allows that people can change over time.

**Health and Safety** - SWASFT will, so far as is reasonably practicable, act in accordance with the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999 and associated legislation and approved codes of practice. It will provide and maintain, so far as is reasonable, a working environment for employees which is safe, without risks to health, with adequate facilities and arrangements for health at work. SWASFT employees are expected to observe Trust policy and support the maintenance of a safe and healthy workplace.

**Information Governance** - SWASFT recognises that its records and information must managed, handled and protected in accordance with the requirements of the Data Protection Act 1998 and other legislation, not only to serve its business needs, but also to support the provision of highest quality patient care and ensure individual’s rights in respect of their personal data are observed. SWASFT employees are expected to respect their contact with personal or sensitive information and protect it in line with Trust policy.

**NHS Constitution** - SWASFT will adhere to the principles within the NHS Constitution including: the rights to which patients, public and staff are entitled; the pledges which the NHS is committed to uphold; and the duties which public, patients and staff owe to one another to ensure the NHS operates fairly and effectively. SWASFT employees are expected to uphold the duties set out in the Constitution.

**Risk Management** - SWASFT will maintain good risk management arrangements by all managers and staff by encouraging the active identification of risks, and eliminating those risks or reducing them to the lowest level that is reasonably practicable through appropriate control mechanisms. This is to ensure harm, damage and potential losses are avoided or minimized, and the continuing provision of high quality services to patients, stakeholders, employees and the public. SWASFT employees are expected to support the identification of risk by reporting adverse incidents or near misses through the Trust web-based incident reporting system.
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Introduction

Safeguarding is protecting the vulnerable from abuse.

Safeguarding touches every area of society, every culture and every workplace. Principles of safeguarding come from the legal framework of fundamental human rights. No matter what your role is in the organisation, you are individually responsible for ensuring that vulnerable people you come into contact with are safeguarded from abuse.

You must make sure you have accessed adequate safeguarding training for your role and are familiar with the principles set out in this safeguarding policy.

For use in the field, the Trust supports and encourages the use of the NHS Safeguarding App as a tool for quick reference and as an aide memoire. It is available online at http://www.myguideapps.com/nhs_safeguarding/default/ and is linked from the supporting information section of the JRCALC clinical app.
1 Purpose

1.1 Primary Purpose

1.1.1 The primary purpose of this document is to assist all staff, volunteers and visitors within South Western Ambulance Service Trust NHS Foundation Trust (SWASFT) to be aware of their role and responsibilities in safeguarding adults, children and young people. The associated procedures within this Policy document will enable SWASFT to fulfil its relevant legislative duties as determined by these statutes:

- Children Act 1989
- Public Interest Disclosure Act 1998
- Adoption and Children Act 2002
- Female Genital Mutilation Act 2003
- Sexual Offences Act 2003
- Children Act 2004
- Domestic Violence, Crime and Victims Act 2004
- Mental Capacity Act 2005
- Safeguarding Vulnerable Groups Act 2006
- Children and Young Persons Act 2008
- Protection of Freedoms Act 2012
- Care Act 2014
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Serious Crime Act 2015
- Counter-Terrorism and Security Act 2015
- Modern Slavery Act 2015
- General Data Protection Regulations 2016
- Children and Social Work Act 2017
- Homelessness Reduction Act 2017
- Data Protection Act 2018
- Mental Capacity Amendment Act 2019

1.1.2 Also to abide by statutory guidance as directed by these guidelines:

- Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews (2016)
- Mandatory Reporting of Female Genital Mutilation – procedural information (2016)
1.1.3 Also to abide by best practice guidance as directed by these publications:

- CQC Regulation 13 guidance: Safeguarding service users from abuse and improper treatment (2014) \(^1\) (This guidance refers to regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 \(^14\))
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019) \(^26\)
- Adult Safeguarding: Roles and Competencies for Health Care Staff (Intercollegiate Document) 2018 \(^27\)
- NICE clinical guideline 76: Child abuse and neglect (2017) \(^28\)
- NICE clinical guideline 89: Child maltreatment (2017) \(^29\)
- Department of Health: Responding to domestic abuse – A resource for health professionals (2017) \(^30\)

1.1.4 A guide to the relevance of the cited Acts is included in Appendix A.

1.2 The Principles Applied in the Policy

1.2.1 Safeguarding is the process of protecting the vulnerable from abuse. This process requires co-operation between agencies. The NHS Ambulance Service has a key role to play because it often comes into contact with the victims of abuse.

1.2.2 The Trust Safeguarding Policy is not definitive and should be read in conjunction with the statutes and guidance identified in 1.1.1.

1.2.3 In addition to national statutes and guidance, Local Authorities also have local policies and procedures which the Trust is required to follow. At present, the area of Trust operations covers 14 Local Authorities. Each Local Authority area has a Local Safeguarding Adults Board (LSAB), a Local Safeguarding Children Board (LSCB) and a Community Safety Partnership (CSP). In different areas this boards and partnerships have different structural forms. At the time of publication of this policy, LSCBs are in the process of undergoing transformation into Local Safeguarding Partnerships. The term ‘Board’ in this document refers to either Boards or Partnerships. Boards publish links to local policies and procedures on their websites. The links for these websites are included in Appendix B.
2 Scope

2.1 Scope of the Safeguarding Policy

2.1.1 The Safeguarding Policy applies to the safeguarding of:
- All children and young people under the age of 18.
- Adults identified as at risk of harm (previously referred to as ‘vulnerable adults’) under the Care Act 13.
- Adult victims of domestic abuse.
- Adult victims of radicalisation.
- Adult victims of modern slavery or human trafficking.

2.1.2 All employees and agents of the Trust must apply this policy. It is a universal responsibility to safeguard the vulnerable from abuse.

2.1.3 Within this document the term ‘Trust staff’ or ‘Trust employees and agents’ should be taken to include all employees, agents, sub-contractors, ambassadors and representatives of the Trust including volunteers and those with honorary contracts.

2.1.4 The Trust Safeguarding Policy is supplemental to and not a replacement for the statutes, guidance, and local procedures identified in 1.1.1 and 1.2.3

2.1.5 This Policy makes reference to a number of other policies, procedures, and guidelines published by the Safeguarding Team and other departments of the Trust which must be read in conjunction. A list of publications is included in section 9.
3 Definitions

3.1 Key Terms and Phrases used within this Policy

3.1.1 Working Together provides a definition of safeguarding as:
- Protecting children from maltreatment
- Preventing harm to children’s health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes

3.1.2 HM Government provides a definition of safeguarding as: the process of protecting vulnerable people, whether from crime, other forms of abuse or from being drawn into terrorist-related activity.

3.1.3 The Office of the Public Guardian defines safeguarding as: protecting adults and children from abuse and neglect.

3.1.4 For the purpose of this policy, the term ‘safeguarding’ refers to the process of protecting the vulnerable from abuse.

3.1.5 The term ‘child or young person’ refers to any person under the age of 18 whether living with their families, in state care, or living independently, as defined by Working Together.

3.1.6 Under section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:
- ‘Harm’ means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;
- ‘Development’ means physical, intellectual, emotional, social or behavioural development;
- ‘Health’ means physical or mental health; and
- ‘Ill treatment’ includes sexual abuse and forms of ill-treatment which are not physical.
3.1.7 Under section 31(10) of the Act: Where the question of whether harm suffered by a child is significant turns on the child’s health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

3.1.8 **Female Genital Mutilation** (FGM) is the excising, infibulating (surgical removal) or mutilating of a girl’s labia majora, labia minora or clitoris.

3.1.9 **Radicalisation** refers to the process by which a person comes to support terrorism and extremist ideologies associated with terrorist groups.

3.1.10 A **Local Safeguarding Adults Board** (LSAB) is the statutory Board established by each Local Authority under the Care Act. The members of an LSAB always include the Local Authority, the Clinical Commissioning Group (CCG) and the Police and may include a range of other agencies.

3.1.11 A **Local Safeguarding Children Board** (LSCB) was a statutory Board established by each Local Authority under the Children Act. The members of an LSCB always included the Local Authority, the Clinical Commissioning Group (CCG), the Police, the Local Probation Board, the local Youth Offending Team (YOT), any NHS Trust providing services in the area, and any prison or secure training centres in the area.

3.1.12 The Children and Social Work Act 2017 abolishes the LSCBs in principle but places a duty on the primary agencies (Local Authority, CCG and Police) to establish local arrangements for safeguarding partners to work together. In practice, at the time of publishing this Policy, all LSCBs in the area geographic area of operation of the Trust remain in place. In some areas, Local Safeguarding Children Boards are now called Local Safeguarding Children Partnerships.

3.1.13 Community Safety Partnerships are an alliance of organisations which generate strategies and policies, implement actions and interventions concerning crime and disorder within their partnership area. This includes strategies for the prevention of domestic abuse, modern slavery and radicalisation. The statutory members of CSPs are the police, local authority, fire and rescue service, probation trust, primary care trust and the police authority.
4 Duties, Responsibilities and Reporting

4.1 Trust Board

4.1.1 To ensure that the Trust complies with legislation and guidance identified in sections 1.1.1. and 1.2.3.

4.1.2 To ensure that the safeguarding of children, young people and adults at risk is undertaken on an aggregated basis to optimise the recognition of trends and enable a consistent and quality response to safeguarding, neglect and abuse across the Trust. This will aim to support the Government’s goal of optimising the inequalities and improving health outcomes for the population.

4.1.3 To ensure that all staff (including observers, volunteers and visitors) with the potential for contact with children, young people and adults at risk, as determined by the department of Health, are given the appropriate clearance by the Disclosure & Barring Scheme (DBS).

4.1.4 To identify an Board Executive Director within the organisation who will have responsibility for safeguarding.

4.1.5 To ensure that standards of record keeping within the organisation meet the standards described within Working Together to Safeguard Children 22 and LSCB / LSAB guidelines and procedures.

4.2 Quality Committee

4.2.1 To monitor trends arising from the Safeguarding Service Report to provide assurance to the Board that the Safeguarding Policy is working effectively.

4.3 Chief Executive

4.3.1 The Chief Executive is accountable for the proper and effective management of risk within the Trust and is responsible for ensuring the safety of patients, visitors and staff within the organisation. The Chief Executive’s responsibilities will include but are not limited to:

- Ensuring robust systems are in place to identify trends and themes around safeguarding incidents.
- Ensuring that measures are taken to ensure that the safety of patients, staff and visitors are not compromised.
- Ensuring robust systems are in place to learn lessons across the organisation.
- Ensuring this procedure is implemented within all areas of the Trust through responsible directors and managers.
4.4 Executive Board Lead for Safeguarding

4.4.1 This role is currently undertaken by the Executive Director for Quality and Clinical Care.

4.4.2 The Executive Board Lead for Safeguarding’s responsibilities will include but are not limited to:

- Ensuring the governance of robust safeguarding measures in the Trust through the implementation of effective operational and corporate safeguarding strategies, supported by adequate resources and effective policies and procedures.
- Ensuring that the Trust is undertaking effective and meaningful inter-agency working.
- Ensuring the flow of safeguarding governance information between the Trust and regulators, commissioners and safeguarding boards and partnerships, to ensure that the Trust engages appropriately with assurance and scrutiny processes, and to ensure that the Trust is utilising up-to-date best practices in safeguarding.

4.5 Deputy Director of Clinical Care

4.5.1 The Deputy Director of Clinical Care supports the Executive Board Lead in discharging these functions and works with the Head of Safeguarding to ensure The Trust makes arrangements to safeguard children, young people and adults at risk.

4.6 Head of Clinical Care

4.6.1 The Head of Clinical Care is responsible for the day to day management of the Head of Safeguarding, providing support to ensure compliance with statutory requirements.

4.7 Head of Safeguarding

4.7.1 To maintain links with the wider Safeguarding Network and partner agencies to ensure that relevant information is disseminated as required to all staff within the Trust.

4.7.2 To provide the Named Professionals for Safeguarding with frequent supervision in safeguarding issues, commensurate with the level of work to be undertaken and within the context of the organisation/supervision policy and procedure.
4.7.3 To be a contact point within the organisation for other agencies requiring additional information in reference to safeguarding children/adults.

4.7.4 To ensure the Trust Safeguarding Policy is updated every 12 months.

4.7.5 To support relevant Local Safeguarding Children Boards (or statutory equivalent) and Local Safeguarding Adult Boards in their multi-agency safeguarding work.

4.7.6 To offer support and guidance to Trust employees and agents with concerns about issues relating to safeguarding.

4.7.7 To maintain up to date and high level knowledge of safeguarding legislation, guidance and recommendations. To maintain a level 4 competence in child safeguarding in accordance with the Intercollegiate Guidelines 26.

4.7.8 To provide the Designated Board Member for Safeguarding with frequent reports to be taken to the Board including the following content when appropriate:
   - Process on Safeguarding Policies and Procedures
   - Update on partnership working
   - Financial issues regarding safeguarding children/adults where relevant
   - Numbers of safeguarding referrals made to Social Care throughout the Trust.
   - Current or completed serious case reviews in the Trust area.
   - Prevent Update.

4.7.9 To lead the development of safeguarding strategy and action plans for adults and children and subsequent changes to policy and procedures within the Trust.

4.7.10 To lead the assurance and governance processes interpreting national policy and statutory requirements to ensure compliance and best practice is achieved.

4.7.11 To be the single point of contact for the commissioning designated nurse for children and adults.

4.7.12 To lead, manage and supervise the safeguarding team on a day to day basis.

4.7.13 To ensure aggregated data relating to safeguarding children, young people and adults at risk is analysed and that any trends or common themes are identified and communicated to all relevant individuals or groups.

4.7.14 To communicate learning points identified during investigations to relevant internal and external stakeholders.

4.7.15 To coordinate the production of the Trust’s annual safeguarding report.

4.7.16 To be the Designated Officer for Allegations and the Trust lead for the management of allegations.
4.8 Named Professionals for Safeguarding

4.8.1 “All providers of NHS funded health services including NHS Trusts and NHS Foundation Trusts should identify a dedicated named doctor and a named nurse (and a named midwife if the organisation or agency provides maternity services) for safeguarding children. In the case of ambulance trusts and independent providers, this should be a named practitioner. Named practitioners have a key role in promoting good professional practice within their organisation and agency, providing advice and expertise for fellow practitioners, and ensuring safeguarding training is in place. They should work closely with their organisation’s/agency’s safeguarding lead on the executive board, designated health professionals for the health economy and other statutory safeguarding partners.” (Working Together).

4.8.2 Given the geographic size of the area of operations of the Trust, more than one Named Professional may be designated and may cover children and or adults.

4.8.3 The role of the Named Professional for Safeguarding within the Trust is:

4.8.3.1 To promote good professional safeguarding practice within the Trust, and provide advice and expertise for fellow professionals.

4.8.3.2 To maintain specific expertise in children’s health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children, and adult safeguarding arrangements.

4.8.3.3 To support clinical governance within the Trust by ensuring that audits on safeguarding are undertaken and that safeguarding issues are part of the Trust’s clinical governance system.

4.8.3.4 To ensure a safeguarding training strategy is in place and is delivered within the Trust.

4.8.3.5 To maintain links with the wider Safeguarding Children Network, (Health Advisory Groups and Named Professional for Safeguarding Children’s Groups etc.), and ensure that relevant information is disseminated as required to all staff within the Trust.

4.8.3.6 To conduct internal management reviews, except when they have had personal involvement in the case when it will be more appropriate for the Head of Safeguarding to conduct the review. Named Professionals should be of sufficient standing and seniority in the organisation to ensure that the resulting action plan is followed up.
4.8.3.7 To be the contact point within the organisation for other agencies requiring additional information in reference to safeguarding adults, children or young people.

4.8.3.8 To support relevant Local Safeguarding Children’s Boards (LSCB) and Safeguarding Adult Boards in their multi-agency Safeguarding Children/Adults work. This will include an audit of the process in accordance with Section 11 of The Children’s Act (2004).

4.9 Other Specialist Advisers

4.9.1 The Trust may use other specialist advisers which may include:
- Health, Safety and Risk Teams
- Human Resources
- Local Safeguarding Children Boards (LSCB)
- Local Safeguarding Adults Boards (LSAB)
- Multi Agency Risk Assessment Committees (MARAC)
- Multi Agency Public Protection Arrangements (MAPPA)
- Local Police Forces
- The Trust’s solicitors
- Clinical Commissioning Groups and Commissioning Support Units
- NSPCC
- Child Death Overview Panels (CDOPs)
- Barnardos
- Local Social Care managers and advisors
- PREVENT Leads
- Women’s Aid
- Independent Domestic Violence Advisors (IDVAs)

4.10 Operational Managers

(including County Commanders, Deputy County Commanders, Operations Officers, Team Leaders, and Clinical Supervisors)

4.10.1 To be familiar with and work within the SWASFT Safeguarding Policy.

4.10.2 To ensure that Trust safeguarding procedures are followed at all times and participate in the updating of such procedures and relevant updating of staff in procedural changes.

4.10.3 To be familiar with safeguarding through participation in training at an appropriate level in accordance with relevant job description, in order to offer support and guidance to staff.
4.10.4 In extremis, to complete safeguarding referrals on behalf of staff if they are unable to due to operational commitments related to the provision of emergency care (for example during a significant or major incident).

4.10.5 To ensure staff are supported following traumatic incidents.

4.10.6 To obtain staff statements relating to safeguarding incidents in an appropriate and timely manner.

4.10.7 To inform the Safeguarding Team of any safeguarding allegation made against a Trust employee or agent.

4.11 All Employees and Agents of the Trust

4.11.1 To be familiar with and work within the Trust Safeguarding Policy.

4.11.2 To discuss any concerns about the welfare of a child/children, young people and adults at risk with whom they have had contact, with their supervisor, line manager or the Safeguarding Team.

4.11.3 To complete mandatory safeguarding training and refresher training as identified within the Safeguarding Training Strategy.

4.11.4 To be personally responsible for any action or omission which would knowingly cause offence or risk to others.

4.11.5 To co-operate with safeguarding investigations to ensure that any lessons can be identified appropriately.

4.11.6 To ensure that any learning points from safeguarding reviews that have been communicated to them are implemented.

4.11.7 To be personally responsible for making an appropriate initial response to external agencies including Social Care and the Police where urgent safeguarding concerns are identified to ensure prompt sharing of information.

4.11.8 To follow Trust policies and procedures for information sharing.
5 Safeguarding Guidance - Children

5.1 Safeguarding Children

5.1.1 Trust position statement – safeguarding children

5.1.1.1 The Trust recognises it has a fundamental responsibility to protect vulnerable children from harm in accordance with the Children Act \(^2\) and other legislative and statutory frameworks identified in 1.1.1. All employees and agents of the Trust must give paramount consideration to the safeguarding of children in the exercise of their duties.

5.1.2 Principles of child protection

5.1.2.1 Cruelty to children and young people is a criminal offence, and child abuse and neglect can have serious adverse health and social consequences for children and young people \(^{28}\).

5.1.2.2 Traditionally, four categories of child abuse have been recognised in literature: physical, sexual, emotional and neglect \(^{32}\). More recently, the categories of child abuse have been extended by some experts. For example, the NSPCC describe 12 categories of child abuse as \(^{33}\).

- **Domestic abuse.** Witnessing domestic abuse is child abuse, and teenagers can suffer domestic abuse in their relationships.

- **Sexual abuse.** A child is sexually abused when they are forced or persuaded to take part in sexual activities. This doesn't have to be physical contact, and it can happen online.

- **Neglect.** An ongoing failure to meet a child's basic needs. It's dangerous and children can suffer serious and long-term harm.

- **Online abuse.** Any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones.

- **Physical abuse.** Deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts.

- **Emotional abuse.** Children who are emotionally abused suffer emotional maltreatment or neglect. It's sometimes called psychological abuse and can cause children serious harm.

- **Child sexual exploitation.** A type of sexual abuse in which children are sexually exploited for money, power or status.
• **Female genital mutilation.** The partial or total removal of external female genitalia for non-medical reasons.

• **Bullying and cyberbullying.** Bullying can happen anywhere – at school, at home or online. It’s usually repeated over a long period of time and can hurt a child both physically and emotionally.

• **Child trafficking.** A type of abuse where children are recruited, moved or transported and then exploited, forced to work or sold.

• **Grooming.** Children and young people can be groomed online or in the real world, by a stranger or by someone they know - for example a family member, friend or professional.

• **Harmful sexual behaviour.** Children and young people who develop harmful sexual behaviour harm themselves and others.

5.1.2.3 Due to the nature of Ambulance Service operations, Trust employees and agents may often be the first professionals to come into contact with an incidence of child abuse. The actions of Trust employees and agents and the information they record may be crucial to subsequent enquiries.

5.1.2.4 Trust employees and agents are often ideally placed to spot signs of maltreatment. Please refer to the NICE guidance “When to suspect child maltreatment” 29.

5.1.2.5 Where a Trust employee or agent has a concern that a child may have been or may be at significant risk of suffering abuse, it is imperative that:

- The presenting clinical condition is assessed and treated.
- Advice is sought where necessary from internal sources such as the Trust Safeguarding Team or external sources such as Children’s Social Care.
- The child is safeguarded at the time by taking steps to ensure that either the threat is removed or they are removed from the threat.
- Where possible, the child is transferred to the nearest Acute Hospital with paediatric care facilities.
- Concerns are immediately referred by telephone to Children’s Social Care or the Police as appropriate.
- Verbal referrals to external partner agencies are followed up in writing using the appropriate Trust process (see 5.6).

5.1.2.6 Where there is an immediate risk of harm, the Police must be contacted using 999. The Police have statutory powers to protect children.
5.1.2.7 Concerns for a child should be shared with the parent or carer responsible for the child unless this is likely to jeopardise the clinical outcome or place the child at increasing risk. There should also be a consideration of the risk presented to Trust employees and agents should the concerns be shared.

5.1.2.8 Clinicians should be aware of Clinical Notice 21/17 which provides guidance on safeguarding surviving siblings following incidents of unexpected and unexplained death or life-threatening illness in children.

5.1.2.9 Clinicians should be aware of Clinical Guideline 39: The Assessment and Management of Children under 1 years of age.

5.1.2.10 Working Together guides that “practitioners who have concerns that a child may be a potential victim of slavery or human trafficking should make a referral using the National Referral Mechanism (NRM) as soon as possible”. Staff should note that if they submit a safeguarding referral using the Trust’s referral system, and clearly identify a slavery or human trafficking concern, then the Trust’s Safeguarding Service will make the NRM referral on their behalf if required.

5.1.3 Further information on safeguarding children can be accessed on the safeguarding pages of the Trust Intranet.

5.2 Female Genital Mutilation

5.2.1 Female Genital Mutilation (FGM) comprises all procedures involving partial or total removal of external female genitalia for non-medical reasons. It is a form of child abuse and is illegal in England under the Female Genital Mutilation Act 2003.

5.2.2 Safeguarding victims of FGM is a duty which extends to all employees and agents of the Trust. There exists an additional duty of mandatory reporting, designed to strengthen measures to prevent FGM, which applies to any employees or agents of the Trust who also hold professional registration as a healthcare, social care or teaching professional. This additional duty will be met if the ‘actions to take when FGM is disclosed, suspected or observed’ guidance of this Trust policy is followed, provided that the professional makes the report themselves and does not defer this responsibility to another person. Further information about the additional duty of mandatory reporting for professionals can be found in the document “Mandatory Reporting of Female Genital Mutilation – procedural information” published by the Home Office.

5.2.3 An employee or agent of the Trust must take the following actions when FGM is disclosed, suspected or observed:
Immediate contact must be made with the Police, a crime report made and, subsequently, a safeguarding referral submitted providing the crime reference number provided by the Police for any incident where either:

A girl currently under the age of 18 has disclosed that an act of FGM has been carried out on her.

or

An employee or agent of the Trust observes physical signs which appear to show that an act of FGM has been carried out on a girl currently under the age of 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

or

There is suspicion that an act of FGM could imminently be undertaken.

5.2.3.1 Where a disclosure of historic FGM is made by a person over the age of 18 then an adult safeguarding referral must be submitted. There is no need to contact the Police unless information is disclosed that suggests the adult is currently at risk of abuse or there are current risks to anyone under the age of 18.

5.3 Non-mobile Babies Bruising Protocol

5.3.1 The Trust has adopted the “Bruising Protocol in Children who are Not Independently Mobile” within a Trust clinical guideline CG42 to align with external partners across the south-west region who are almost universally adopting similar protocols.

5.3.2 The premise of the Protocol is the recognition of the exceptional vulnerability of children who are of an age where they are not yet independently mobile. This age varies and in some children with disabilities may extend throughout childhood.

5.3.3 The principle of the Protocol is that the responsibility to assess bruising and injury in children who are not independently mobile lies with appropriately qualified paediatricians.

5.3.4 All employees and agents of the Trust must follow the guidance of the Protocol.

5.3.5 There is sometimes an overlap of guidance for a non-mobile child under the age of 1 where both CG39 and CG42 apply. Clinicians should follow the guidance which results in the least risk to the child.
5.4 Child Death Reviews

5.4.1 A statutory process exists under the Children Act 2004\(^7\) to investigate the death of any child who dies unexpectedly to identify and address potentially modifiable factors. This function is undertaken by Child Death Overview Panels (CDOPs) which operate in all areas of the Country. At present, the CDOPs are commissioned by Local Safeguarding Children Boards (LSCBs) but this process is under review under the Children and Social Work Act 2017\(^19\).

5.4.2 The child death review process is multi-agency and the Ambulance Service is recognised as a key stakeholder.

5.4.3 The SWASFT Safeguarding Team coordinates the supply of information to the CDOPs and the dissemination of learning outcomes from cases reviewed by the CDOPs.

5.4.4 The process for collecting information relating to the death of a child is laid out in Standard Operating Procedure 34\(^37\) and must be followed by all Trust employees and agents.

5.5 Children in Care

5.5.1 A child who is being looked after by a Local Authority is referred to as a ‘Child In Care’ or a ‘Looked After Child’. The child might be living:
  - With foster parents;
  - At home with their parents under supervision of Children’s Social Care;
  - In a residential children’s home;
  - In another residential setting such as a secure unit

5.5.2 It is essential that the Local Authority is involved at the earliest opportunity in the event of any significant incident occurring to a Child In Care. Involvement with ambulance A&E services or urgent care services would be described as a significant incident in most situations. The Local Authority can be contacted through the child’s allocated social worker if known, or through Children’s Social Care or the Emergency Duty Team.

5.5.3 There are a number of reasons for consulting with the Local Authority including:
  - The arrangements for parental consent may be complex;
  - There may be specific risk factors that the child might not be relaying to the attending clinicians;
  - Arrangements for care may need to be urgently reviewed.

5.5.4 Contact with the Local Authority should be followed up in the form of a written safeguarding referral after the incident even if the incident appeared to be a low-acuity event.
5.6 Child Protection Information System (CP-IS)

5.6.1 CP-IS is a nationwide solution that connects local authority children’s social care systems with those used by NHS unscheduled care settings. It enables the exchange of key child protection information and episodes of unscheduled NHS care.

5.6.2 The Trust is authorised by NHS Digital to use the Summary Care Record Application (SCRa) to access CP-IS data. At present the agreed scope of use is within the safeguarding team. Further work is being undertaken to extend this scope to other Trust systems.

5.6.3 Whenever CP-IS data is accessed, the system generates an automatic alert to the local authority which placed the alert. At present, the system does not provide the flexibility to explain when the child was seen in unscheduled care and therefore the local authority will make the assumption that the child is presenting at the time the alert is made. The Trust’s safeguarding team may be accessing the CP-IS data retrospectively which could lead to a misleading alert being generated. Therefore it has been agreed with NHS Digital that whenever a CP-IS alert is viewed on the SCRa, the member of Trust staff viewing the alert will immediately contact the relevant local authority by telephone to explain the context for the alert being viewed.

5.7 Further guidance

5.7.1 Further information on safeguarding children can be accessed on the safeguarding pages of the Trust Intranet.
6 Safeguarding Guidance - Adults

6.1 Safeguarding Adults Under the Care Act

6.1.1 Trust position statement – safeguarding adults at risk

6.1.1.1 The Trust recognises it has a fundamental responsibility to protect adults at risk from harm in accordance with the Care Act and other legislative and statutory frameworks identified in 1.1.1. All employees and agents of the Trust must give paramount consideration to the safeguarding of adults at risk in the exercise of their duties.

6.1.2 Scope and principles of the Care Act

6.1.2.1 Safeguarding under the Care Act only applies to a specific cohort of the adult population. The duties apply to an adult who:

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

6.1.2.2 There are six key principles which underpin all adult safeguarding work:

- Empowerment – supporting a person to make their own decisions.
- Prevention – taking action before harm occurs.
- Proportionality – making the least intrusive response necessary.
- Protection – supporting and representing those in greatest need.
- Partnership – seeking local solutions through community services.
- Accountability – professionals understanding their roles.

6.1.2.3 There is a range of different situations which can constitute abuse and neglect including:

- Physical abuse – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate sanctions.
- Domestic violence – including psychological, physical, sexual, financial, emotional abuse and so-called ‘honour’ based violence.
• **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subject to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

• **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

• **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation 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.

• **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-off 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. Neglect is not always intentional and may be due to carers not coping or struggling to cope.

• **Self-neglect** – this covers a wider range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

6.1.3 Some adult safeguarding processes under the Care Act overlap with other legislative frameworks. For example, a victim of domestic violence who also has needs for care and support might require safeguarding under the Care Act as
well as support through the wider framework of processes concerned with the prevention of domestic violence.

6.2 Overlap with the Mental Capacity Act

6.2.1 The Mental Capacity Act

6.2.1.1 The Mental Capacity Act (MCA) provides the legal framework for acting and making decision on behalf of individuals who lack the capacity to make particular decisions for themselves.\(^{40}\)

6.2.1.2 The MCA sets out 5 key principles:\(^{40}\)

- Every adult has the right to make their own decisions if they have the capacity to do so. Family carers and healthcare or social care staff must assume that a person has the capacity to make decisions, unless it can be established that the person does not have capacity.
- People should receive support to help them make their own decisions. Before concluding that individuals lack capacity to make a particular decision, it is important to take all possible steps to try to help them reach a decision themselves.
- People have the right to make decisions that others might think are unwise. A person who makes a decision that others think is unwise should not automatically be labelled as lacking the capacity to make a decision.
- Any act done for, or any decision made on behalf of, someone who lacks capacity must be in their best interests.
- Any act done for, or any decision made on behalf of, someone who lacks capacity should be an option that is less restrictive of their basic rights and freedoms – as long as it is still in their best interests.

6.2.1.3 A key principle of the Care Act is that of empowerment. It is essential that employees and agents apply the principles of the MCA when engaging in adult safeguarding in accordance with Trust guidelines.\(^{41}\) This includes situations where the clinician/patient interaction is by telephone (for example, in the Clinical Hubs and Urgent Care Service).

6.2.1.4 When an adult does have capacity to consent and there is no additional risk incurred by discussing the safeguarding issue with them, it is essential that they are involved in the process of a safeguarding referral being made. In some situations, failing to gain consent at the time of making a referral will mean that other agencies do not have the ability to follow up the referral.

6.2.2 Deprivation of Liberty Safeguards (DoLS):/Liberty Protection Safeguards

6.2.2.1 The Social Care Institute for Excellence provides this summary of DoLS:\(^{42}\)
The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005. They apply in England and Wales only.

The Mental Capacity Act allows restraint and restrictions to be used – but only if they are in a person’s best interests.

Extra safeguards are needed if the restrictions and restraint used will deprive a person of their liberty. These are called the Deprivation of Liberty Safeguards.

The Deprivation of Liberty Safeguards can only be used if the person will be deprived of their liberty in a care home or hospital. In other settings the Court of Protection can authorise a deprivation of liberty.

Care homes or hospitals must ask a local authority if they can deprive a person of their liberty. This is called requesting a standard authorisation.

There are six assessments which have to take place before a standard authorisation can be given.

If a standard authorisation is given, one key safeguard is that the person has someone appointed with legal powers to represent them. This is called the relevant person’s representative and will usually be a family member or friend.

Other safeguards include rights to challenge authorisations in the Court of Protection, and access to Independent Mental Capacity Advocates (IMCAs).

6.2.2.2 Liberty Protection Safeguards

The Mental Capacity (Amendment) Bill, which became the Mental Capacity (Amendment) Act 2019, was approved by the Queen after completing its journey through Parliament at the end of April.

The legislation will introduce a new model for authorising deprivations of liberty in care, dubbed the Liberty Protection Safeguards (LPS).

The government has still to confirm an implementation date for the LPS, with Spring 2020 previously mooted as the likely time frame it is working to.

It has, however, been confirmed that the DoLS will run alongside the LPS for a year after implementation to ease the transition of existing cases.

The government will also draft a series of regulations and a code of practice – which will be subject to consultation – setting out the detail of how the LPS will work.

6.2.3 Restraint

6.2.3.1 Restrain and restriction used in a person’s best interest under the MCA need to be appropriate and proportionate to the risk of harm involved. The Trust has a policy on the use of restraint which includes the use of safe-holding techniques.

6.2.4 Further information
6.2.4.1 For further information on the MCA, mental capacity principles, consent, Liberty Protection Safeguards and DoLS, consult the Trust’s guidelines on mental capacity.

6.3 Frequent Callers with Complex Needs

6.3.1 Within SWASFT, the proactive management of adults who call frequently is a function of a specialist Frequent Caller Team. Details of this function are described on the Frequent Caller Team pages of the Intranet.

6.3.2 It is acknowledged that adults who call frequently are commonly defined as vulnerable under the Care Act. Therefore the Safeguarding Team will support the Frequent Caller Team with specialist support and advice.

6.3.3 The Trust does not proactively manage children and young people under the age of 18 who call frequently. Trust employees and agents should use the safeguarding referral framework to raise concerns about this group of patients. The Safeguarding Team will coordinate the Trust’s contribution to multi-agency strategy meetings in relation to this group of patients.

6.4 Homelessness Reduction Act

6.4.1 From October 2018, a duty exists under the Homelessness Reduction Act for certain public authorities to refer service users they consider may be homeless or at risk of homelessness. All employees and agents operating within the Trust’s urgent care services should note that this duty specifically applies to providers of all community and primary urgent care, including services locally designated as urgent care centres, minor injury units, minor injury services, and walk in centres. Referral can be made through the Trust’s safeguarding referral mechanism. It is essential to involve the patient in the process of the referral.

6.4.2 The Trust recognises the valuable opportunity afforded by unscheduled contact with patients who might be experiencing difficulties in a wider social context. Therefore it is the expectation of the Trust that all employees and agents will follow the spirit of the duty to refer patients who are homeless or at risk of homelessness regardless of whether a specific duty exists.

6.5 Pressure ulcers

6.5.1.1 Clinicians should consult Trust guidance on pressure ulcers.

6.6 Further guidance

6.6.1 Further information on safeguarding adults can be accessed on the safeguarding pages of the Trust Intranet.
7 Safeguarding Guidance – General

7.1 Domestic Violence and Abuse

7.1.1 Violence and abuse are experienced by men, women and children from every background, and for many, their experiences will remain un-disclosed to health professionals with often devastating effects and consequences on long-term physical and mental health.

7.1.2 Research by IRIS indicates that: “Domestic violence and abuse is so prevalent in our society that NHS and other provider staff will be in contact with adult and child victims (and perpetrators) across the full range of health services. The NHS spends more time dealing with the impact of violence against women and children than almost any other agency and is often the first point of contact for women who have experienced violence”.

7.1.3 The Trust recognises that domestic abuse, including stalking and harassment is a widespread problem. As an organisation it will not tolerate any form of violence or abuse either within the workplace or outside. The Trust recognises that its employees will be amongst those impacted by domestic abuse and that as an employer it has a responsibility to provide a safe and effective work environment. This policy demonstrates the Trust’s commitment to responding with sensitivity to employees who need help and support and in taking action against perpetrators of domestic abuse. We seek to ensure that every employee who is experiencing or has experienced domestic abuse is able, if they so wish, to raise the issue in the knowledge that the disclosure will be treated effectively, sympathetically and confidentially.

7.1.4 Given the nature of domestic abuse, the Trust Safeguarding Policy is not a definitive document and should be read in conjunction with guidance from the Department of Health, Working Together, and Local Safeguarding Children Board/Partnerships (LSCB/P’s) guidelines and procedures. Reference should also be made to local Health Trust’s strategies specific to domestic abuse and any other local strategies in respect of services to children and their families.

7.1.5 For the purpose of this policy, domestic abuse is defined as:

7.1.6 “Any incident or pattern of incidents of controlling, coercive or 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”. This can encompass, but is not limited to, the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
7.1.7 Emotional

Controlling behaviour is defined as: 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 behaviour.

7.1.8 Coercive behaviour is defined as: 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.

7.1.9 The coercive or controlling behaviour offence, which is contained in section 76 of the Serious Crime Act 2015, will mean victims who experience the type of behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice.

7.1.10 Stalking is defined as: a pattern of repeated and persistent unwanted behaviour that is intrusive and engenders fear. It is when one person becomes fixated or obsessed with another and the attention is unwanted. Stalkers are not homogenous and the motivation for stalking can vary, but is considered very serious and must be treated as such. Home Office statistics indicate that 1 in 5 women and 1 in 10 men may experience stalking in their adult life. Stalking became a criminal offence in November 2012.

7.1.11 It is acknowledged that while it is usually women who experience domestic abuse from male perpetrators, this policy applies equally to male victims and same-sex relationships that require advice or help. However, in line with guidance from the Department of Health, this policy reflects the victim/survivor as female and the perpetrator as male.

7.1.12 If Trust staff attend an incident where they are concerned that domestic abuse is a contributing factor, it is imperative that:

- The presenting clinical condition is assessed and treated;
- The patient is transported to the appropriate medical facility if clinically indicated;
- Concerns and actions are fully recorded, dated and signed;
- Any assault including sexual assault or other criminal offence i.e. stalking, harassment, breach of non-molestation is notified to the police;
- If children are present, they are referred to Children’s Social Care;
• A safeguarding referral is made for the adult at risk;

• Advice and support is sought where necessary, from line managers or members of the safeguarding team.

• A Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Assessment Tool is completed, where practical. (A sample DASH tool is available on the domestic abuse pages of the Trust intranet and the tool is also embedded within the ePCR).

7.1.13 If Trust staff believe an adult or children to be at immediate risk as a result of the domestic abuse, they should request police attendance.

7.1.14 Any observations of injuries and verbal abuse must be carefully documented. The ambulance service records may form a vital evidence base for prosecution of domestic abuse cases.

7.1.15 The Trust recognises that employees and service users experiencing domestic violence and abuse normally have the right to complete confidentiality. However, in circumstances of child protection or the protection of adults at risk, child protection and adult protection services may need to be involved. In addition, in circumstances where the victim is assessed as being at very high risk, the matter may be referred to the local multi-agency risk assessment conference (MARAC) where, with the knowledge of the victim, safety planning to reduce risk can be put in place.

7.1.16 The Trust recognises that perpetrators of domestic violence can come from any walk of life and can include professionals, even Trust staff. Employees and agents of the Trust should be aware that domestic abuse including stalking is a serious matter that can lead to criminal charges. The Trust considers domestic abuse to be a serious issue and manages allegations of domestic abuse under the Management of Allegations Policy. Staff should be aware that such matters may constitute consideration of action under the Trust’s Disciplinary Procedures relating to Misconduct or Gross Misconduct which if proven, may lead to dismissal. The Trust has a duty to notify the relevant registering body (HCPC, NMC, GMC). If any of the circumstances above are brought to a Line Manager's attention, advice from Human Resources or Safeguarding Team should be sought.

7.2 Preventing Radicalisation

7.2.1 The Trust recognises it has a fundamental responsibility to protect people from being drawn into terrorism in accordance with the Counter-Terrorism and Security Act 2015 and other legislative and statutory frameworks identified in 1.1.1. All employees and agents of the Trust must give paramount consideration
to the safeguarding of people at risk of being drawn into terrorism in the exercise of their duties.

7.2.2 The Counter-Terrorism and Security Act 2015 places a duty on certain bodies, including NHS Trusts, in the exercise of their functions, to have due regard to the need to prevent people from being drawn into terrorism. The Government counter-terrorism strategy is called ‘Contest’ and the part of this strategy aimed at preventing people from being drawn into terrorism (‘radicalisation’) is known as ‘Prevent’. The Trust recognises HM Government’s Prevent Strategy, with accompanying Prevent Duty Guidance, and recognises the important role that healthcare providers play in helping to achieve this strategy.

7.2.3 The Trust has a Prevent lead, currently the Head of Safeguarding. The Executive Director of Quality and Clinical Care has responsibility for Prevent at Board.

7.2.4 The Trust has a strategy for training staff in Prevent and the details of this strategy are provided in the training strategy section of this policy. The Prevent training strategy aligns to the guidance in the Prevent Training and Competencies Framework issued by NHS England. In summary, the Trust’s strategy for Prevent training is:

- All staff and volunteers undertake basic Prevent training via an e-learning package.
- Frontline clinical staff undertake advanced Prevent training (referred to as WRAP), this is via an e-learning package. The Trust provides a mechanism for staff to refer potential victims of radicalisation through the use of safeguarding referral forms which have specific sections for collecting appropriate information. The Head of Safeguarding reviews all Prevent referrals.

7.2.5 Staff seeking more information on Prevent should consult the NHS safeguarding app in the first instance (see the quick reference guide at the start of this policy).

7.3 Modern Slavery and Human Trafficking

7.3.1 Slavery is not just an activity from previous centuries to be explored in history books. It exists in the present. The National Crime Agency is the lead agency working to prevent modern slavery. It states that thousands of people across the UK are being held in squalor and undertaking forced labour.

7.3.2 Modern slavery and Human Trafficking can involve victims who are children or adults at risk in which case normal statutory safeguarding requirements apply. However, many victims of trafficking are adults with no need for care and support who have become vulnerable through displacement due to conflict or political change. The requirement for safeguarding these victims extends beyond the scope of the Care Act.
7.3.3 The Ambulance Service will come across situations of modern slavery and human trafficking through the delivery of unscheduled care. However, in most instances, the situation will not be the primary reason for the call and frontline staff will only become aware of a risk through observation of environmental and social clues.

7.3.4 It is imperative that traffickers are not alerted to the suspicions of frontline staff as this can put the victims immediately at much higher risk. Concerns must be raised covertly and urgently to the Police via a 999 call and followed up with a safeguarding referral. The real names of potential victims might not be known so detailed physical descriptions should also be provided.

7.3.5 Modern slavery and human trafficking is often associated with serious organised crime. Frontline staff must not place themselves at risk by confronting or alerting potential perpetrators. There is a high risk this might lead to a violent confrontation possibly involving weapons.

7.3.6 Frontline staff should maintain a healthy scepticism of the motive of any person at scene offering to provide translation. The person might well be a trafficker looking to provide misinformation. Traffickers might even falsely pretend to be relatives and victims may be too fearful to indicate otherwise. Frontline staff should always utilise professional translation services commissioned by the Trust when communicating with anyone who might be at risk of trafficking.

7.3.7 For further information, consult the Trust’s safeguarding intranet pages.

7.4 Making Safeguarding Referrals

7.4.1 ‘Safeguarding’ is the action of making a person safe. This might involve removing a person from harm, preventing access of a perpetrator or providing a safe environment. A safeguarding referral is a mechanism for sharing concerns with another agency.

7.4.2 Responsibility to report a concern lies with the Trust employee or agent who identified the concern. Advice and assistance can be sought from appropriate sources but the fundamental responsibility to escalate the concern always remains with the individual who identified the concern. This applies to all employees and agents of the Trust of any role, grade, experience, or standing within the organisation.

7.4.3 A safeguarding referral must be made even when another agency such as the police is in attendance or if the patient has been taken to hospital and the concerns shared with hospital staff. Trust employees and agents cannot delegate the responsibility to report a concern to a third party.
7.4.4 A significant safeguarding concern must be referred by telephone to an appropriate external agency at the time that the concern is noted by the Trust employee or agent who notes the concern. The primary agencies who will receive emergency referrals are the police and social care:

- **999** – The police must be notified whenever there is an immediate threat of harm or where a serious criminal act is suspected to have occurred or to be imminently likely to occur. The Trust has a Memorandum of Understanding with the police forces of the south west region which provides further details of situations which might require an emergency police response. 

- **101** – Less urgent information can be reported to the police using 101. For example, disclosures of historical domestic, physical, sexual, financial or psychological abuse, assaults and other safeguarding information. A police reference number should always be obtained.

- **Social Care** – where children or adults at risk are presently at risk of serious harm then the situation should be discussed with the local authority social care team. In normal business hours, most social care teams provide a centralised referral system often known as a MASH (multi-agency safeguarding hub). Out of hours, all local authorities provide a 24/7 Emergency Duty Team (EDT). Sometimes these services are shared between several local authorities. EDTs are staffed by out-of-hours social workers with access to all key databases for the local social care teams. Contacting social care provides both an opportunity to report an urgent concern and also to gain information that clinicians can utilise in planning safe care pathways for patients.

- **Local paediatrician** – please note the special circumstances relating to bruising or injury in a non-mobile baby in section 5.6 of this policy which may require escalation direct to a local paediatrician.

7.4.5 Contact numbers for key partner agencies are listed in the safeguarding pages of the Intranet.

7.4.6 It should be remembered that urgent internal escalations of concern are equally as important as external referrals. It is essential that there is a seamless flow of urgent safeguarding information between Trust departments and individual Trust professionals. For example, urgent safeguarding concerns identified by Clinical Hub staff should be promptly reported to frontline clinicians subsequently tasked with attending the incident to enable them to explore the concerns further. When a patient’s care is handed over from one Trust clinician to another, it is essential that any safeguarding concerns identified are included in the handover alongside clinical information.
7.4.7 A telephone referral made to an external partner agency must be followed up with a contemporaneous written referral.

7.4.8 If a safeguarding concern is not significant enough to warrant an immediate telephone referral then a written referral must be completed as soon as practically possible and using contemporaneous notes. In all circumstances, written referrals must be made within 48 hours of the concern being noted.

7.4.9 It is best practice to consider safeguarding reporting to be part of the holistic clinical treatment of a patient and to complete the activity as part of the single episode of contact with the patient.

7.4.10 It is an important principle in both child and adult safeguarding to involve the subject of the concern in the referral process except where this would increase the risk to them \(^{13}\). \(^{28}\)

7.4.11 The Trust process for completing a written referral is outlined in the Trust guidelines for completing a safeguarding referral available on the safeguarding pages of the Intranet. There are only two available options: an online intranet safeguarding form or a referral using the ePCR. The use of these forms has been agreed with all Local Authorities and key partner agencies in the area of operations of the Trust. This negates the need for Trust employees or agents to find and use local forms. The online and ePCR forms transmit directly to the Trust Safeguarding Team. The Safeguarding Team then takes responsibility for onward transmission of the referral to external partner agencies.

7.4.12 By exception, where a Trust employee or agent does not have access to the Intranet or ePCR system, then the Clinical Hub will provide a service that will enable the employee or agent to complete an online referral by proxy by telephone.

7.4.13 The Trust Safeguarding Team provides a safeguarding triage system which has been agreed with all Local Authorities and key partner agencies in the area of operations of the Trust. The process is laid out in the “Safeguarding Referral Process Standard Operating Procedure” \(^{51}\). One purpose of the triage system is to filter referrals to ensure that they are sent to appropriate partner agencies in accordance with the thresholds required by the agencies. Another purpose is to recognise that, due to the nature of Ambulance Service operations, Trust employees and agents often operate in geographical areas with which they are unfamiliar. The triage process ensures that local nuances are accommodated without the referrer needing explicit local knowledge.

7.4.14 Some examples of agencies that the Safeguarding Team might send a referral to include:

- Social Care
7.4.15 A further purpose of the referral triage process is to ensure that referrals of a more serious nature are processed more rapidly. The Safeguarding Team uses a RAG rating system which has been agreed in consultation with appropriate partner agencies.

7.4.16 The Trust Safeguarding Team only operates during normal business working hours. Referrers should take this into consideration during weekends and public holidays. At these times, referrers should have a lower threshold for making telephone referrals to external agencies to accompany the written referral which may be delayed.

7.5 Requests to Engage in Statutory Processes

7.5.1 All employees and agents of the Trust must be prepared to comply with requests associated with legal proceeding and statutory processes in safeguarding cases. Examples include:

- Police criminal investigations
- Appearing in a criminal, coroners, or family court as a witness.
- Child Death Reviews (CDRs)
- Safeguarding Adult Reviews (SARs)
- Domestic Homicide Reviews (DHRs)
- Serious Case Reviews (SCRs)
- Child Safeguarding Practice Reviews (new terminology for SCRs)
- Strategy meetings and child protection conferences.
- Safeguarding Adult Investigations

7.5.2 All requests will be coordinated through the Safeguarding Team in liaison with the Information Governance Team and the Claims Teams.

7.5.3 Line managers must support staff through these processes. The Safeguarding Team will provide specialist support where the request is complex.

7.6 Sharing and Storing Safeguarding Information
7.6.1 All Trust employees and agents must adhere to the guidance issued by the Trust’s Information Governance department, available on the intranet. This will ensure compliance with the Data Protection Act\textsuperscript{21} and the General Data Protection Regulations\textsuperscript{18}.

7.6.2 Subject Access Requests (SARs) for safeguarding information will be managed in accordance with the guidelines set out by the Trust’s Information Governance Department. The Trust’s Safeguarding Service will provide additional expertise in the assessment of risk. Employees and agents of the Trust should note that there exists no blanket right to anonymity for the referrer of a safeguarding referral. However, each SAR is reviewed and risks to both the referee and the referrer are carefully assessed before a disclosure of identity of the referrer is made.

7.6.3 In situations where there is a risk of imminent harm to a patient or any third party, an employee or agent of the Trust should consider sharing urgent safeguarding information directly with an appropriate external partner agency (for example the Police or Emergency Duty Team for Social Care). This sharing is supported by the General Data Protection Regulations\textsuperscript{18} to protect the vital interests of any individual, in addition to the Caldicott Principles\textsuperscript{52}.

7.6.4 The Information Governance team endorses the use of the Government guideline “Information sharing: advice for practitioners providing safeguarding services”\textsuperscript{53} as a guide to decision-making in this situation. In the event that information is shared, the method and process of sharing information securely must still comply with Trust Information Governance information sharing guidelines; a record of sharing must be documented and provided to the Safeguarding Team at the earliest opportunity.

7.6.5 The sharing of safeguarding information must be reasonable, proportionate and shared in a timely manner in accordance with data protection and Caldicott Principles. Any decisions about sharing or indeed withholding information must be justified and documented accordingly.

7.6.6 External requests for safeguarding information received by the Information Governance Team will be passed to the Safeguarding Team to fulfil autonomously.

7.6.7 The Information Governance Team will provide specialist advice and support to the Safeguarding Team for information sharing requests where appropriate. Where requests are complex or contentious then advice will be sought from the Trust’s Caldicott Guardian.

7.6.8 The Safeguarding Team will maintain and control confidential safeguarding records in accordance with the Trust’s records management policies. Current
Trust guidance can be found on the Information Governance pages of the Intranet.

7.6.9  The Head of Safeguarding will ensure that all Safeguarding Team staff have completed relevant training, including Information Guidance training at a level specified by the Information Governance Group.

7.7  Maintaining a Safe Organisation

7.7.1  The Trust undertakes ‘regulated activities’ in the context of legislation relating to children since it provides healthcare services to children and young people. In addition, representatives of the Trust interact with children in public engagement activities and the Trust also occasionally employs apprentices under the age of 18. Working Together 22 reinforces the requirements for organisations who provide regulated activities.

7.7.2  The Head of Safeguarding is the designated officer for allegations for the Trust and is supported in this role by the Named Professionals for Safeguarding.

7.7.3  The process for managing allegations made against members of staff is covered in a separate policy published by the Safeguarding Team: “Managing Allegations against people who work with Children / Young People or Vulnerable Adults” 45.

7.7.4  The Trust strategy for safe recruitment is laid out in the Trust’s Recruitment and Selection Policy 54.

7.7.5  The Trust provides ‘regulated activities’ in the context of the Health and Social Care Act 14. All incidents where an employee or agent of the Trust is alleged to have acted in any way that could be construed as abuse or improper treatment of a patient or service user in accordance with the CQC guidance for regulation 13 1 must be reported in accordance with the Trust’s Incident Reporting Policy 55. This includes:

- Discrimination on the grounds of a protected characteristic;
- Acts intended to control or restrain a service user that are not necessary to prevent, or not a proportionate response to, a risk of harm posed to the service user or another individual if the service user was not subject to control or restraint;
- An act that is degrading for the service user;
- Anything that significantly disregards the needs of the service user for care or treatment;
- Deprivation of a service user’s liberty without lawful authority;
- Any behaviour towards a service user that is an offence under the Sexual Offences Act 2003 6;
- Ill-treatment (whether of a physical or psychological nature) of a service user;
Theft, misuse or misappropriation of money or property belonging to a service user;
- Neglect of a service user.

7.7.6 The Trust has a Capacity, Consent, De-Escalation and Safe Holding Policy which must be adhered to by all employees and agents of the Trust.

7.7.7 The Trust is currently in the process of revising its approach to "Making Diversity, Equal Opportunities and Human Rights a Reality". The vision is to mainstream equality, diversity and human rights practices into all areas of our service delivery and patient care. Further information and guidance can be found on the Trust Intranet pages on Equality and Diversity and in the Trust’s Equality and Diversity Policy.

7.7.8 The Trust has a Chaperone Policy which must be followed by all Trust staff and agents.
8 Safeguarding Training Strategy

8.1 Trust Strategy

8.1.1 Under regulation 13 of the Health and Social Care Act 2008\(^58\), the Trust is required to have systems and processes in place to prevent abuse of service users. The CQC refers directly to this regulation in its compliance requirements.

8.1.2 The Trust’s over-arching strategic view is that safeguarding is a core element in the provision of clinical care to patients in an unscheduled care setting. Through delivery of effective blended learning and learning outcomes-focused education, the Trust seeks to normalise for all staff the perception that ‘safeguarding is everyone’s business’.

8.2 Core Statutory and Mandatory Training

8.2.1 The Trust’s Head of Education and Professional Development will plan for, facilitate and report compliance on the delivery of basic and advanced safeguarding training (levels 1 to 3 as referenced in the child and adult intercollegiate documents) for all employed staff through the Trust core statutory and mandatory training programme. The Trust’s Head of Safeguarding will support the Head of Education and Professional Development with specialist advice and quality assurance where required.

8.2.2 There are five core safeguarding subjects which will be delivered through the statutory and mandatory training programme:

- Safeguarding children.
- Safeguarding adults.
- Preventing radicalisation.
- Safeguarding against domestic abuse.
- Safeguarding against modern slavery and human trafficking.

8.2.3 The Head of Safeguarding will identify the training standards required for these core subjects and assist the Head of Education and Professional Development to design delivery programmes which will achieve compliance. At the time of publication of this policy, the relevant standards are in Table 1 and are subject to change.
8.2.4 Table 1 - Training Standards

<table>
<thead>
<tr>
<th>Core subject</th>
<th>Standard</th>
<th>Status of standard</th>
<th>Education delivery model covering standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safeguarding children</td>
<td>Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff Intercollegiate Document 26</td>
<td>Intercollegiate guidance widely-accepted as a national standard</td>
<td>UK Core Skills Training Framework 59 Core subject 9</td>
</tr>
<tr>
<td>Safeguarding adults</td>
<td>Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document 27</td>
<td>Intercollegiate guidance widely-accepted as a national standard</td>
<td>UK Core Skills Training Framework Core subject 8</td>
</tr>
<tr>
<td>Preventing radicalisation</td>
<td>Prevent Training and Competencies Framework 47</td>
<td>NHS England guidance aligned to statutory training duty</td>
<td>UK Core Skills Training Framework Core subject 8a</td>
</tr>
<tr>
<td>Safeguarding against domestic abuse</td>
<td>Recommendation 15 (training) within Domestic violence and abuse: multiagency working 60</td>
<td>Best practice guidance published by NICE</td>
<td>(Trust bespoke training design)</td>
</tr>
<tr>
<td>Safeguarding against modern slavery and human trafficking</td>
<td>The Slavery and Trafficking Survivor Care Standards: Trauma-Informed Code of Conduct 61</td>
<td>Best practice guidance published by an expert consortium</td>
<td>(Trust bespoke training design)</td>
</tr>
</tbody>
</table>

8.2.5 There are other subjects which relate very closely to safeguarding and may be included in the statutory and mandatory training programme. The strategy for training for each of the subjects is covered in their individual Trust policies.

- Mental capacity.
- Chaperoning.
- Restraint and Deprivation of Liberty.
- Prevention of discrimination.
- Management of allegations.

8.2.6 Line managers and service managers for any non-employee cohorts who are not identified in the Trust’s core statutory and mandatory training programme must undertake a training needs analysis and develop a safeguarding training plan in consultation with the Head of Safeguarding and Head of Education.

8.3 Specialist Training
8.3.1 A small number of staff in the organisation, predominantly in the Safeguarding Team, require specialist training to maintain competency above level 3. The Head of Safeguarding will plan for and facilitate delivery of this training, overseen by the Executive Director of Quality and Clinical care.

8.3.2 There are also competency standards for safeguarding for staff operating at Board level for which the Head of Safeguarding provides advice to the Executive Director of Quality and Clinical Care.

8.4 Responsibilities for Safeguarding Training

8.4.1 It is the responsibility of all staff and agents of the Trust to ensure that they have received adequate safeguarding training to achieve the competencies outlined in this training strategy.

8.4.2 It is the responsibility of all line managers to ensure their staff have received adequate safeguarding training to achieve the competencies outlined in this training strategy.

8.4.3 It is the responsibility of all staff who manage volunteers to ensure volunteers have received adequate safeguarding training to achieve the competencies outlined in this training strategy.

8.4.4 It is the responsibility of all contract managers to ensure that all agents of the Trust can evidence that they have received adequate safeguarding training to achieve the competencies outlined in this training strategy.

8.4.5 The Electronic Staff Record (ESR) provides a facility for recording and reporting safeguarding training compliance for staff. Where ESR is not available to record safeguarding training compliance, it is the responsibility of Heads of Service to make alternative arrangements to report safeguarding training compliance for other staff or volunteers in their teams. Commissioners require accurate monthly reports on safeguarding training compliance and the Trust is required to report Prevent training compliance figures within five days of the end of each quarter.
9 Monitoring

9.1 Monitoring Compliance

9.1.1 Every 2 years all SWASFT safeguarding policies (including this Policy), and SOPs will be reviewed by the Head of Safeguarding and approved by the Quality Committee. Clinical guidelines will be reviewed on a three yearly basis.

9.1.2 The Head of Safeguarding will monitor the implementation of the Safeguarding Policy & Procedure documents. A quarterly report will be presented to the Quality Committee this will include a report on the safeguarding referral process. In such circumstances where the Head of Safeguarding identifies significant implications for the implementation of the policy during the annual monitoring process, then this will be reported to the Quality Committee. The Quality Committee will note any failings in the monitoring compliance process for this procedural document and note any associated actions in the minutes of the Committee, as required.

9.2 Monitoring Effectiveness

9.2.1 This policy will assist the Trust in compliance against the Care Quality Commission Regulation 13: Safeguarding service users from abuse and improper treatment.
References


32. HM Government. What to do if you’re worried a child is being abused. Advice for practitioners. 2015.


60. NICE. Domestic violence and abuse: multiagency working.


### 11 Associated Documents

#### 11.1 Other Live Documents Published by the Safeguarding Team:

<table>
<thead>
<tr>
<th>Index</th>
<th>Type of document</th>
<th>Title</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>Policy</td>
<td>Managing Allegations against people who work with Children/Young People or Vulnerable Adults.</td>
<td>v3, 2018</td>
</tr>
<tr>
<td>57</td>
<td>Policy</td>
<td>Chaperone Policy</td>
<td>v2 2018</td>
</tr>
<tr>
<td>36</td>
<td>Clinical Guideline</td>
<td>Bruising and Injuries in Non-Mobile Children: Assessment, Management and Referral</td>
<td>CG42 v1.1, 2019</td>
</tr>
<tr>
<td>37</td>
<td>SOP</td>
<td>Child Death or Near Death Statement</td>
<td>OP034 v2.2, 2019</td>
</tr>
<tr>
<td>51</td>
<td>SOP</td>
<td>Safeguarding Referral Process</td>
<td>v2, March 2017</td>
</tr>
<tr>
<td>50</td>
<td>Guideline</td>
<td>Guidelines for completing a safeguarding referral.</td>
<td>March 2017</td>
</tr>
<tr>
<td>34</td>
<td>Clinical Notice</td>
<td>21/17: Safeguarding surviving siblings following incidents of unexpected and unexplained death of life-threatening illness in children.</td>
<td>September 2017</td>
</tr>
</tbody>
</table>

#### 11.2 Other Live Trust Documents Referenced in this Policy.

<table>
<thead>
<tr>
<th>Index</th>
<th>Type of document</th>
<th>Title</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>41</td>
<td>Clinical Guideline</td>
<td>CG28: Mental Health and Mental Capacity Guideline</td>
<td>1.3</td>
</tr>
<tr>
<td>35</td>
<td>Clinical Guideline</td>
<td>CG39: Assessment and Management of Children under 1 years of age</td>
<td>CG39 v1.1, 2019</td>
</tr>
<tr>
<td>54</td>
<td>Policy</td>
<td>Recruitment and Selection Policy</td>
<td>2018</td>
</tr>
<tr>
<td>55</td>
<td>Policy</td>
<td>Incident Reporting Policy</td>
<td>6</td>
</tr>
</tbody>
</table>
11.3 **Trust Documents Superseded by the Issue of this Policy.**

<table>
<thead>
<tr>
<th>Type of document</th>
<th>Title</th>
<th>Version</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategy</td>
<td>Safeguarding Training Strategy</td>
<td>March 2015</td>
</tr>
<tr>
<td>Policy</td>
<td>Prevent Policy</td>
<td>Version 2</td>
</tr>
</tbody>
</table>
## Appendix A - Guide to Key Statutes Pertaining to Safeguarding

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Relevance to Safeguarding Policies and Procedures in SWASFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children Act 1989</td>
<td>The legislative framework for child protection in England</td>
</tr>
<tr>
<td>Children Act 2004</td>
<td>Strengthens the 1989 Act and places a duty on health service providers to co-operate in promoting the wellbeing of children and young people</td>
</tr>
<tr>
<td>Children and Social Work Act 2017</td>
<td>Arrangements for serious child protection reviews and child death reviews</td>
</tr>
<tr>
<td>Safeguarding Vulnerable Groups Act 2006</td>
<td>Legislation to allow certain individuals to be barred from working with children and adults at risk</td>
</tr>
<tr>
<td>Protection of Freedoms Act 2012</td>
<td>Amends the Safeguarding Vulnerable Groups Act and the Children Act</td>
</tr>
<tr>
<td>Adoption and Children Act 2002</td>
<td>Expanded the Children Act to include the definition of “harm” to include witnessing domestic violence</td>
</tr>
<tr>
<td>Female Genital Mutilation Act 2003</td>
<td>Provides a legal duty for health professionals to report evidence of FGM to the police in certain situations</td>
</tr>
<tr>
<td>Serious Crime Act 2015</td>
<td>Amends the Female Genital Mutilation Act and provides scope for a criminal offence of “control or coercion” in the context of domestic abuse</td>
</tr>
<tr>
<td>Children and Young Persons Act 2008</td>
<td>Legislation relevant when working with children in care</td>
</tr>
<tr>
<td>Care Act 2014</td>
<td>Places a duty of care on health providers to co-operate with multi-agency processes to ensure the wellbeing of adults at risk</td>
</tr>
<tr>
<td>Sexual Offences Act 2003</td>
<td>Prohibits sexual activity between a care professional and a person with a mental disorder while a relationship of care exists</td>
</tr>
<tr>
<td>Mental Capacity Act 2005</td>
<td>Section 44 provides scope for a criminal offence of ill treatment or willful neglect of a person who lacks capacity to make relevant decisions</td>
</tr>
<tr>
<td>Legislation</td>
<td>Relevance to Safeguarding Policies and Procedures in SWASFT</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
<tr>
<td>Public Interest Disclosure Act 1998 ³</td>
<td>Promotes dignity of care by providing protection for an employee who blows the whistle regarding practices in their own workplace ⁶³.</td>
</tr>
<tr>
<td>Domestic Violence, Crime and Victims Act 2004 ⁸</td>
<td>Provides scope for an offence of “causing or allowing the death of a child or vulnerable adult” to allow prosecutions of people who stay silent ⁶⁵.</td>
</tr>
<tr>
<td>Counter-Terrorism and Security Act 2015</td>
<td>Places a duty on NHS Trusts amongst other agencies to help prevent people from being drawn into terrorism.</td>
</tr>
<tr>
<td>Homelessness Reduction Act 2017</td>
<td>Places a duty on organisations providing urgent care services to refer patients who are homeless or at threat of being made homelessness.</td>
</tr>
</tbody>
</table>
## Appendix B - Local Safeguarding Boards

<table>
<thead>
<tr>
<th>Board</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bath and North East Somerset LSCB</td>
<td><a href="http://www.safeguarding-bathnes.org.uk/children">http://www.safeguarding-bathnes.org.uk/children</a></td>
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<tr>
<td>Bath and North East Somerset LSAB</td>
<td><a href="http://www.safeguarding-bathnes.org.uk/adults/local-safeguarding-adults-board">http://www.safeguarding-bathnes.org.uk/adults/local-safeguarding-adults-board</a></td>
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<tr>
<td>Bournemouth and Poole LSCB</td>
<td><a href="http://www.bournemouth-poole-lscb.org.uk/">http://www.bournemouth-poole-lscb.org.uk/</a></td>
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<tr>
<td>Bournemouth and Poole SAB</td>
<td><a href="http://www.bpsafeguardingadultsboard.com/">http://www.bpsafeguardingadultsboard.com/</a></td>
</tr>
<tr>
<td>Bristol SCB</td>
<td><a href="https://bristolsafeguarding.org/children-home/about-us/what-is-safeguarding/">https://bristolsafeguarding.org/children-home/about-us/what-is-safeguarding/</a></td>
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<tr>
<td>Bristol SAB</td>
<td><a href="https://bristolsafeguarding.org/adults/">https://bristolsafeguarding.org/adults/</a></td>
</tr>
<tr>
<td>Devon SCB</td>
<td><a href="http://www.devonsafeguardingchildren.org/">http://www.devonsafeguardingchildren.org/</a></td>
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<tr>
<td>Devon SAB</td>
<td><a href="https://new.devon.gov.uk/devonsafeguardingadultsboard/">https://new.devon.gov.uk/devonsafeguardingadultsboard/</a></td>
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<tr>
<td>Dorset SCB</td>
<td><a href="https://www.dorsetlscb.co.uk/">https://www.dorsetlscb.co.uk/</a></td>
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<tr>
<td>Dorset SAB</td>
<td><a href="https://www.dorsetforyou.gov.uk/dorsetsafeguardingadultsboard">https://www.dorsetforyou.gov.uk/dorsetsafeguardingadultsboard</a></td>
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<tr>
<td>Gloucestershire SCB</td>
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<td><a href="http://www.gloucestershire.gov.uk/gsab/">http://www.gloucestershire.gov.uk/gsab/</a></td>
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<tr>
<td>North Somerset SCB</td>
<td><a href="http://www.n-somerset.gov.uk/my-services/socialcare/adults/safeguarding-adults/safeguarding-adults-board/">http://www.n-somerset.gov.uk/my-services/socialcare/adults/safeguarding-adults/safeguarding-adults-board/</a></td>
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<td>Somerset SCB</td>
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<td>Area</td>
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<td>-------------------------------------------------------------------------</td>
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<td>Somerset SAB</td>
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<td>South Gloucestershire SCB</td>
<td><a href="http://sites.southglos.gov.uk/safeguarding/children/">http://sites.southglos.gov.uk/safeguarding/children/</a></td>
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<td>South Gloucestershire SAB</td>
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<td>Swindon LSAB</td>
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<td><a href="http://www.wiltshiresab.org.uk/">http://www.wiltshiresab.org.uk/</a></td>
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</table>

Note: the structure of LSCBs will undergo significant change in 2019. This change will also effect some LSABs. To find out about the latest safeguarding board arrangement in a particular area, consult the website for the Local Authority in that area.
## Appendix C - Version Control Sheet

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Summary of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>September 2014</td>
<td>Sarah Thompson, Head of Safeguarding</td>
<td>New Policy approved by the Quality and Governance Committee and issued.</td>
</tr>
<tr>
<td>2.0</td>
<td>January 2018</td>
<td>Simon Hester, Head of Safeguarding</td>
<td>Complete document review and revision to accommodate significant changes in legislation such as the introduction of the Care Act.</td>
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<tr>
<td>2.1</td>
<td>July 2018</td>
<td>Simon Hester, Head of Safeguarding</td>
<td>Minor updates.</td>
</tr>
<tr>
<td>2.2</td>
<td>March 2019</td>
<td>Simon Hester, Head of Safeguarding</td>
<td>Minor updates including:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Added quick reference page at the start of the policy signposting the NHS Safeguarding App.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Added modern slavery and human trafficking to the scope of the policy (previously implied but not stated).</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Refreshed the section on FGM.</td>
</tr>
<tr>
<td>3.0</td>
<td>Jul 2019</td>
<td>Simon Hester, Head of Safeguarding</td>
<td>• Training strategy embedded.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Prevent policy embedded.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Added section on Modern Slavery and Human Trafficking.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Added reference to CSPs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Specified duties of the Executive Board Lead for Safeguarding.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Minor updates to reflect minor legislative changes or internal policy changes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Document sections re-ordered.</td>
</tr>
</tbody>
</table>