NHS
Yorkshire
Ambulance Service
NHS Trust

Safeguarding Policy (Children, Young People and Adults at Risk)

Document Author:

Date Approved: September 2019

Document Reference	PO – Safeguarding Policy (Children, Young People and Adults at Risk) Reviewed September 2019
Version	V4.4
Responsible Committee	Trust Management Group
Responsible Director (title)	Executive Director of Quality, Governance and Performance Assurance
Document Author (title)	Head of Safeguarding Named Professional Safeguarding Vulnerable Groups
Approved By	Trust Management Group
Date Approved	September 2019
Review Date	March 2024
Equality Impact Assessed (EIA)	Yes
Protective Marking	Not protectively marked

Document Control Information

Version	Date	Author	Status (A/D)	Description of Change
1.0	May 2013	Named Professional	A	Approved TMG
2.0	Dec 2014	Named Professional	A	Approved TMG
2.1	Nov 2015	Named Professional	D	Significant revision of content combining previous Safeguarding adult and children policy
2.2	Dec 2015	Named Professional	D	Revision following consultation with TMG
2.3	Dec 2015	Named Professional	D	Minor amendment section 9.0
3.0	Dec 2015	Named Professional	A	Approved TMG
3.1	Feb 2018	Risk Team	D	Document formatted – New visual identity, ED,QGPA.
3.2	Feb 2019	Head of Safeguarding	A	TMG approved extension until August 2019.
3.3	July 2019	Head of Safeguarding Named Professional Safeguarding	D	Policy amended to reflect updated legislation, review of terminology and updated YAS processes.
3.4	August 2019	Head of Safeguarding Named Professional Safeguarding	D	Amendments to consent and appendices following CGG 20.8.19
4.0	Sep 2019	Head of Safeguarding Named Professional Safeguarding	A	Approved at TMG
4.1	Sept 2022	Risk Team	A	TMG approved extension until December 2022
4.2	Dec 2022	Risk Team	A	TMG approved extension until March 2023
4.3	April 2023	Risk Team	A	TMG approved extension until October 2023
4.4	Dec 2023	Risk Team	A	Extension approved by Clare Ashby until March 2024
A = Approved D = Draft				
Document Author = Named Professional for Safeguarding Head of Safeguarding				
Associated Documentation:				

Allegations Against Staff, Guidance Management;

Being Open (Duty of Candour) Policy

Chaperone Policy

Child Sexual Exploitation (CSE) Guidance for Staff

Disclosure and Barring Service (DBS)Policy

Domestic Abuse Management Guidance;

Employee Wellbeing Strategy 2015-2020;

Female Genital Mutilation (FGM) Management Guidance

Patient Consent to Examination or Treatment

PREVENT Strategy Guidance

Records Management Policy

Social Media Policy

Supervision Framework for Safeguarding Team

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1.0 Introduction

1.1 Yorkshire Ambulance Service (YAS) recognises that they have a duty to safeguard and promote the welfare of the unborn; children, young people and adults at risk of abuse or neglect and has a statutory duty to ensure safeguards are in place to support this.

Responsibilities for safeguarding are enshrined in legislation. Some duties apply only to children, some only to adults, and some apply equally to adults and children.

All NHS bodies, including Yorkshire Ambulance Service NHS Trust (YAS), must make arrangements for ensuring that their functions are discharged in regard to the need to safeguard and promote the welfare of children, young people and adults at risk of abuse or neglect who come into contact with the service.

1.2 This policy specifies the collective and individual requirements of all Trust staff, sub-contractors, students, agency and volunteers (hereafter referred to as Trust staff and volunteers) to comply with legislation, codes of conduct and expectations of the organisation.

Pertinent statutory guidance includes Working Together to Safeguard Children 2018, Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document 2018, Safeguarding Children and Young People: Roles and Competencies for Health Care Staff Intercollegiate Document 2019. See **17.1**

Pertinent legislation includes the Children Act 1989, Children Act 2004, the Care Act 2014, the Health and Social Care Act 2012, the Serious Crime Act 2015, Mental Capacity Act 2005, Children and Social Work Act 2017, Female Genital Mutilation 2003 and the Modern Slavery Act 2015. See **17.2**

This policy should be read alongside accompanying guidance set out in associated documents p.2.

1.3 YAS promotes equality and respect for the diversity of the population it serves. Staff and volunteers must be sensitive to differing family patterns and lifestyles, which may vary across societal demographics and apply culturally sensitive skills wherever possible. However, harm and abuse cannot be ignored, condoned or justified for reasons of religion, culture, ethnicity or any other societal difference.

Wherever possible, ethnicity should be recorded on the Patient Care Record (PCR) and within safeguarding referrals as outcomes for all patient groups are monitored and audited according to legislative requirements and the NHS Equality Delivery System.

1.4 It is essential that all agencies recognise that safeguarding is everyone's business. No individual agency can assume that safeguarding issues will be acted upon by others.

2.0 Purpose/Scope

2.1 This policy establishes the key principles all YAS Trust staff and volunteers should comply with in relation to safeguarding the inborn, the child, young people and adults at risk of harm or abuse.

2.2 This policy will be reviewed in three years' time, unless legislative, procedural or other changes necessitate an earlier review.

3.0 Objectives

3.1 YAS recognises that safeguarding the unborn, children, young people and adults at risk are a shared responsibility.

Working Together to Safeguard Children 2018, the Children Act 2004 and the Care Act 2014 specify the requirement for effective multi-agency working between agencies and professionals with differing roles and expertise.

To achieve effective joint working, it is essential that constructive relationships amongst all staff levels are promoted and evidenced by:

- the Executive Lead at Board level and all Board members maintaining accountability for safeguarding children, young people and adults at risk of harm or abuse.
- clear lines of accountability within the organisation for safeguarding.
- robust communication and escalation processes which complement Local Child Safeguarding Partners and Local Safeguarding Adult Board strategies.
- staff and volunteer training and continued professional development ensuring staff and volunteers are competent to undertake their roles and responsibilities in relation to safeguarding children, young people and adults at risk.
- safe working practices including recruitment, vetting and barring procedures.
- effective information sharing
- Head of Safeguarding and Named Professionals for Safeguarding as safeguarding experts, strategic leaders and source of advice and support to all YAS service lines.
- YAS Safeguarding team work with all multi agency statutory partners across the geographical region. There is a Memorandum of Agreement (MoA) between NHS Wakefield Clinical Commissioning Group (CCG) lead commissioner and Yorkshire

Ambulance Service (YAS) NHS Trust with all CCGs across Yorkshire and the Humber, NHS England, and the local statutory safeguarding arrangements for children and adults. The aim of this agreement is to ensure that YAS is represented in each CCG area, and is kept informed of any safeguarding issues which require YAS to take to action.

4.0 Process – Child and Adult at Risk Safeguarding Referrals

4.1 YAS referral process includes a

- **Safeguarding Child Referral Form** - if it is believed someone under 18 years of age is suffering or likely to suffer significant harm. This includes the unborn. For the categories of abuse see **Definitions.**
- **Safeguarding Adult Referral Form** - if it is believed an Adult at risk is suffering or likely to suffer significant harm. The definition of an **Adult at Risk** and categories of abuse see **Definitions p.35.**

If a Safeguarding concern is identified as per the **Definitions** for unborn, a child, a young person or adult at risk of abuse or neglect, a safeguarding referral should be made to social care. This includes historical disclosures.

4.2 Consent

It is good practice, and all practitioners should aim to gain consent to share information from the adult at risk, young person if deemed appropriate or the parent of the child when making a safeguarding referral to social care.

The responsible decision maker for a child is the person with parental responsibility. Parental consent should be obtained prior to making a referral for a safeguarding concern for a child however; refusal of consent is not a barrier to sharing information. The Children Act 1989 makes clear that the needs of the child are **paramount** and Working Together to Safeguard Children 2018 reinforces the need for practitioners to be proactive in sharing information early to identify, assess and respond to risks or concerns about the safety and welfare of children.

Exceptions for obtaining consent would include:

- If there is a reasonable belief the person does not have capacity to consent.
- if obtaining consent would increase the risk of significant harm to the person.

- if obtaining consent would increase the risk of harm to the staff member or volunteer.
- if obtaining consent would increase the risk of harm to a member of the public.

If, following assessment, a young person aged 16-18 years or adult at risk is deemed not to have capacity, consent to make a referral is not required as this would be an act done or decision made in the best interests of the patient.

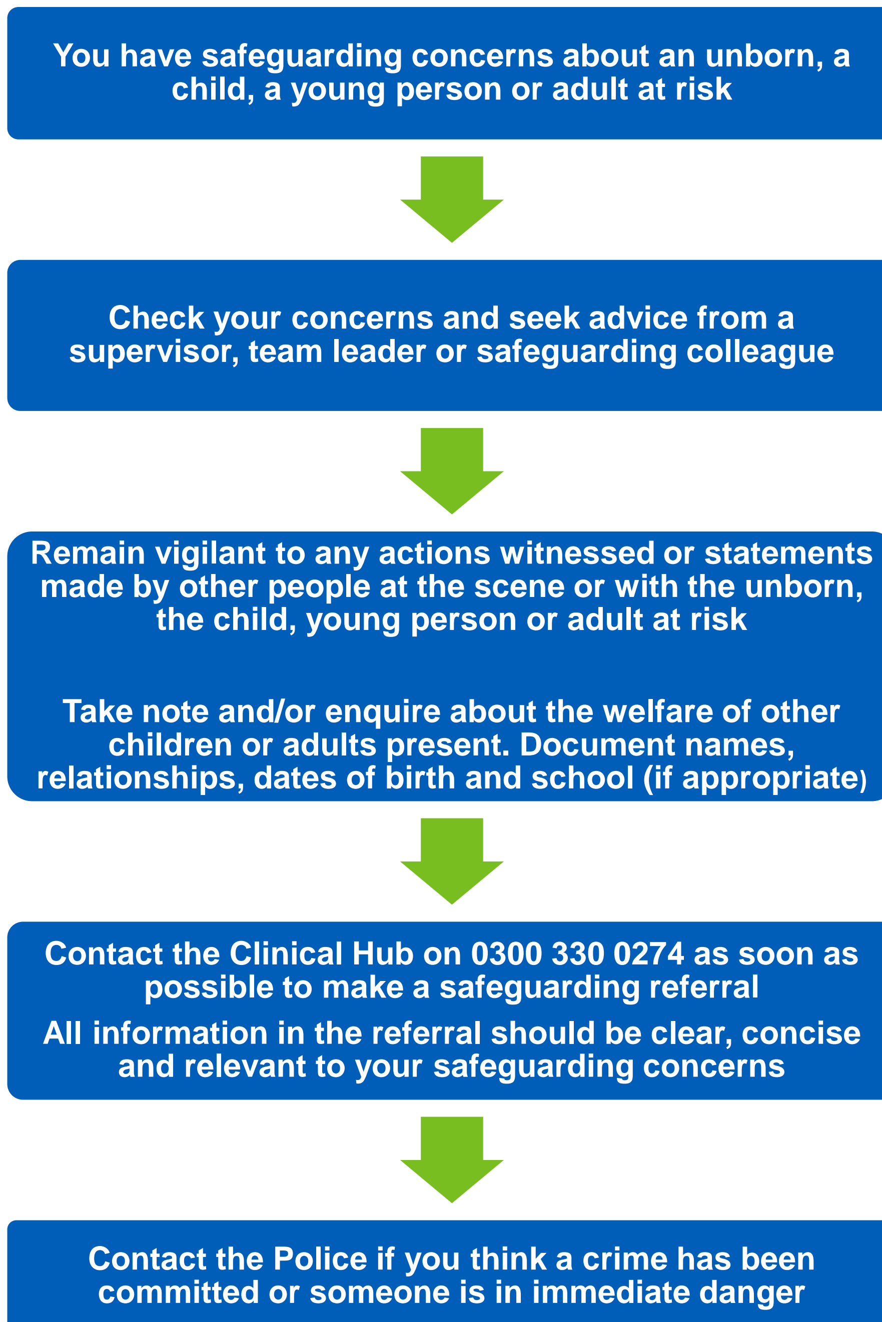
Where actions are taken without consent, including a request for a social care assessment, these actions **must be clearly recorded** in the patient record and a clear rationale for not obtaining consent provided in the referral.

All safeguarding concerns and actions must be clearly documented in the patient record as appropriate to the service line, with the rationale for the decision to share or withhold information, regarding a safeguarding referral. All records must be clear, concise, complete and correct. Further guidance about record keeping can be obtained from the YAS Records Management Policy.

All staff are accountable for their own practice. It is the responsibility of the staff member who has safeguarding concerns about an unborn, a child, young person or adult at risk to make the safeguarding referral and it should not be assumed that other agencies or professionals will do this on their behalf.

For support or advice, staff and volunteers should contact the Safeguarding team on 01924 584 375 between the hours of 09:00 to 17:00 Monday to Friday. Outside of these hours the relevant Emergency Duty Team (EDT) for the relevant area can be contacted for advice about an unborn, a child, young person or adult at risk; the Clinical Hub has contacts for all EDT's across the region.

The safeguarding referral process is below:



4.3 You will be asked if your referral is urgent (significant risk of immediate harm) or can be processed the next working day. If your referral is urgent, the Clinical Hub will telephone the relevant Social Care department at the time the referral is immediately emailed. If your referral is non-urgent, your referral will be immediately emailed to the relevant Social Care department for their attention during the next working period.

If the unborn, the child, young person or adult at risk are in immediate danger, the police should be contacted on 999 without delay.

You should refer to your individual service line Standard Operating Procedures , please see **Appendix A** (IUC and PTS) and Emergency Operations Centre (EOC) Standard Operating Procedures within EOC document library on PULSE.

4.4 Sudden Unexpected Death in Childhood (SUDIC) process is a multi-agency response to unexpected child deaths and forms part of the statutory child death and Child Death Overview process (CDOP). In this situation a safeguarding child referral must be made to inform Children Social Care of the child death.

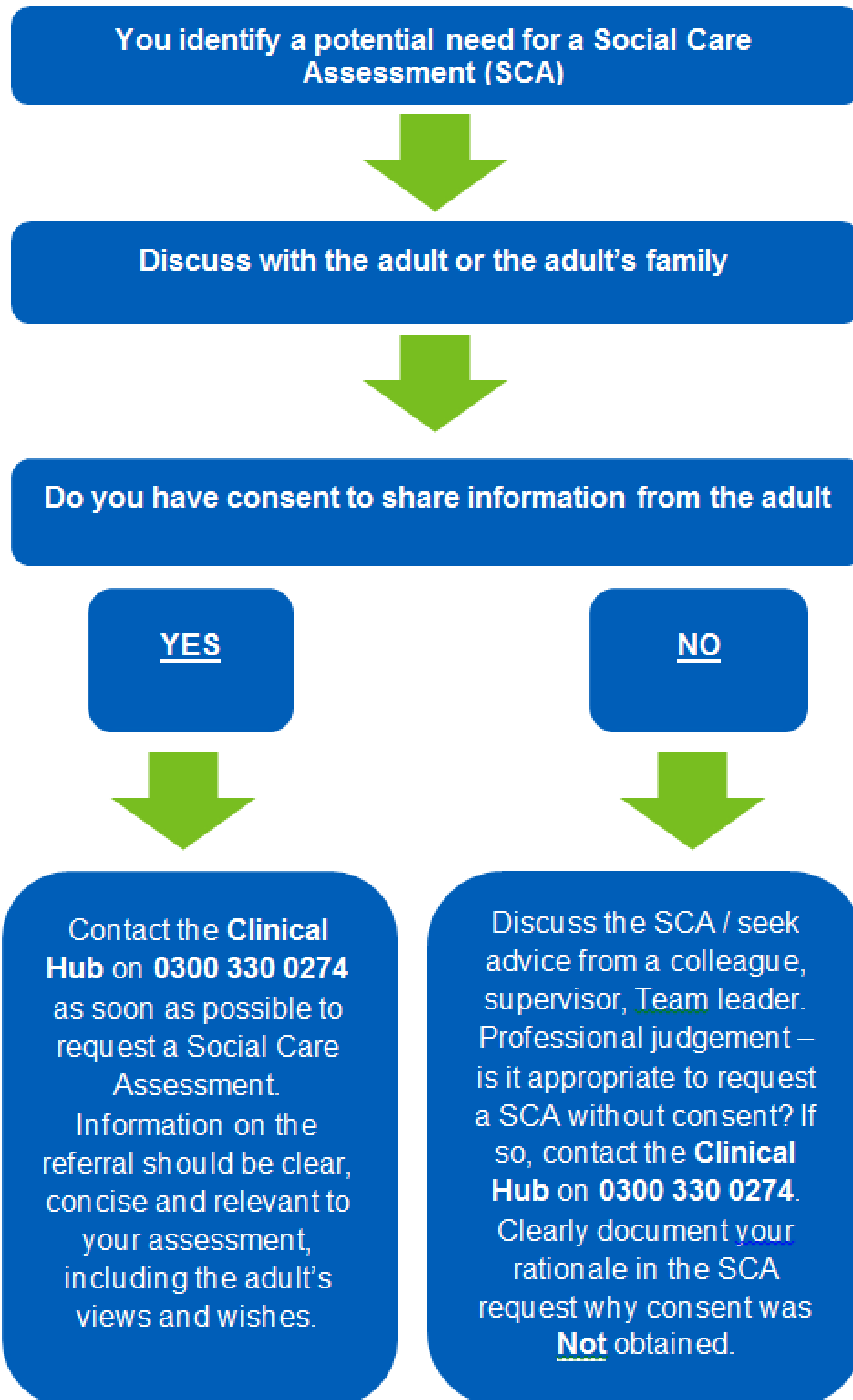
4.5 In cases where there is a known case of Female Genital Mutilation in a Under 18 year old, i.e. you have seen or been told directly that the child has experienced FGM or FGM is planned, you should report this directly to the police on 101 **and** make a safeguarding child referral. Concerns should be clearly documented in detail on the Patient Care Record. The receiving health care professional or organisation should be informed. Further guidance can be found in the *Female Genital Mutilation – Guidance for Staff.* A copy of the referral should be received by YAS safeguarding team.

4.6 In cases where YAS staff and volunteers identify a child, young person or adult at risk is at risk of radicalisation, a safeguarding referral should be made via the clinical hub. Where an immediate risk is present, information must be immediately shared with the police via 999. Further guidance can be found in the *Prevent Strategy – Guidance for Staff.* A copy of the referral should be received by YAS safeguarding team.

4.7 Every effort should be made to indicate who has parental responsibility when making a referral for a child or young person at risk. This includes identifying whether this is a Looked After Child, (also known as a child in care). **See Appendix B.**

5 Process – Request for a Social Care Assessment (for an Adult)

5.1 Social Care Assessment (SCA) requests should **not** be used to refer a safeguarding concern, only to request an assessment from Adult Social Care for additional help and support. **Appendix C.**



5.2 Requests for a Social Care Assessment will be sent to the Local Authority for their attention the next working day.

5.3 Making Safeguarding Personal – as stated in the Care Act 2014 the views, wishes and feelings of the adult should always be included and documented **see Definitions**

5.4 The six principles of Adult Safeguarding need to be applied see **Definitions.**

5.5 Where a request for a SCA is made without consent from the adult, or without including the views, wishes and feelings of the adult the rationale must be clearly recorded in the patient record and SCA.

All actions are clearly documented in the patient record as appropriate to the service line, with the rationale for the decision to share or withhold information, regarding a request for a social care assessment (adult). All records must be clear, concise, complete and correct. Further guidance about record keeping can be obtained from the YAS Records Management Policy.

6.0 Escalation of Concerns

6.1 There may be occasions whereby a staff member believes that appropriate action has not been taken by a Social Care team following a child or adult at risk referral. In this situation the staff member should contact the YAS Safeguarding team by emailing yas.safeguard@nhs.net evidencing a clear rationale of their concerns.

If appropriate concerns will be discussed with the relevant manager within Social Care to reach resolution.

Where concerns cannot be resolved using this process these will be escalated via the Head of Safeguarding until agreement is reached as to a suitable resolution.

7.0 Information Sharing

7.1 It is important that all service users remain confident that their personal information is kept secure and safe.

Staff should ensure they are familiar with the Data Protection Act 2018, General Data Processing Regulations 2018 and their responsibilities through statutory and mandatory Information Governance training.

Safeguarding concerns should be shared in accordance with the “Seven Golden Rules for Information Sharing,” See **Appendix D**.

8.0 Mental Capacity

The principles of the Mental Capacity Act 2005 make clear that a person aged 16 years or over should be assumed to have capacity to make a decision, unless it is established otherwise. **See Appendix E**.

Any act done, or decision made, under the Mental Capacity Act 2005 for a person who lacks capacity must be done, or made, in his or her best interests with due regard as to whether the purpose for which it is needed can be effectively achieved in a way which is less restrictive of the rights and freedoms of the person.

9.0 Contribution to Statutory Multi-Agency meetings and Case Reviews

9.1 Yorkshire Ambulance Service as a provider agency may be requested to provide information to contribute towards a number of multi-agency review processes including; Child Death Overview Panel, Child Safeguarding Practice Review, Domestic Homicide Review and Safeguarding Adult Review. This is coordinated by the YAS safeguarding team.

Operational Paramedics may be requested to attend statutory meetings including Sudden Death in Childhood (SUDIC) meetings. These requests will be relayed from YAS Safeguarding team directly to the individuals involved. **Appendix F**. Briefing Paper YAS Attendance at Child Death Meeting.

If operational staff are requested to attend a strategy meeting full guidance will be provided by the YAS Safeguarding team, including the standards expected on attendance and copies of relevant patient records. **Appendix F** YAS Attendance at a Safeguarding Strategy Meeting.

Staff attending meetings must ensure that any contact details provided to the Chair and meeting organiser for further correspondence are those of the YAS safeguarding team (yas.safeguard@nhs.net tel. 01924 584375).

Trust staff and volunteers may be requested to provide a formal witness statement with regard to their involvement, which may inform statutory safeguarding enquiries.

10.0 Safe Recruitment Processes

10.1 Recruiting managers will seek guidance from Human Resources to determine the level of Disclosure and Barring Service (DBS) check required for specific roles. The manager shall ensure DBS clearance is obtained prior to an applicant commencing employment.

10.2 As an employer of staff in a "regulated activity," YAS has a responsibility to refer concerns to the DBS in accordance with the Safeguarding Vulnerable Groups Act 2006. Further guidance can be obtained in the YAS Disclosure and Barring Service (DBS) Policy.

10.3 Managers should initially report any Safeguarding allegations or concerns to their local HR Business Partner and the Head of Safeguarding. Further guidance can be obtained in the YAS Managing Allegations Against Staff policy. **See Definitions.**

11.0 Social Media

11.1 All staff should be mindful when using social media of sharing any information which could be linked to safeguarding issues, discussion of safeguarding concerns relating to patients or staff members or promoting other inappropriate content which may bring the organisation into disrepute. Further information relating to staff and social media can be obtained from the Social Media and Networking Policy.

11.2 Registered staff should also refer to their professional body Code of Conduct (NMC, GMC, HCPC) and associated guidance.

12.0 Training expectations for staff and volunteers

12.1 Yorkshire Ambulance Service is committed to having arrangements to ensure effective training of all staff and volunteers.

12.2 YAS expects all staff to be trained according to the Training Needs Analysis and Training Delivery Plan which corresponds to the competencies identified within Adult Safeguarding: Roles and Competencies for Health Care Staff Intercollegiate Document 2018, Safeguarding Children and Young People: Roles and Competencies for Health Care Staff 2019 and PREVENT awareness as aligned to the Prevent: Training and Competencies Framework 2017.

12.3 Safeguarding advice, support and case focused supervision will be provided on request for staff members within YAS, by the YAS safeguarding team members.

13.0 Support for Staff and Volunteer Members

13.1 YAS has a duty of care to look after the physical and psychological well-being of staff who have been exposed to traumatic, distressing or challenging incidents. It is recognised that this may include incidents in which a safeguarding referral for a child or adult at risk is required.

13.2 A Post Incident Care (PIC) form should be completed for all staff involved in a traumatic, distressing or challenging incident either by self-referral or by their immediate manager. Details of the YAS Employee Wellbeing provider should be made available to the staff member(s) involved in the incident.

13.3 Further information can be obtained from the YAS Employee Wellbeing Strategy.

14.0 Duty of Candour

14.1 Effective safeguarding practice requires transparency, honesty and trust. There is a legal Duty of Candour on health service bodies to inform people, both in person and in writing, about mistakes and incidents which have not had the desired outcome.

14.2 YAS Safeguarding Team will attend YAS Incident Review Group, liaise with the YAS Investigations Team within the Quality and Safety Directorate to ensure this duty is discharged.

14.3 Further information can be found in the YAS Policy on Being Open and Duty of Candour.

15.0 Implementation Plan

15.1 The latest approved version of this Policy will be posted on the Trust Intranet site for all members of staff to view. New members of staff will be signposted to how to find and access this guidance during Trust Induction.

15.2 The policy will be circulated in Trust wide communications.

15.3 Reference to this policy will be made during Statutory and Mandatory training, safeguarding advice, support and supervision.

16.0 Monitoring compliance and Effectiveness

16.1 Yorkshire Ambulance Service Safeguarding Team has a responsibility to undertake regular audit to monitor compliance and effectiveness of this policy.

16.2 Through the Trust Annual Safeguarding audit plan.

16.3 Themes, trends or lessons learned will be communicated to staff through a variety of means including Safety Alert Bulletin, Operational Updates and communicated through updated training products and training delivery.

16.4 YAS Safeguarding team review, monitor, evaluate and record feedback from Social Care regarding YAS safeguarding referrals and requests for social care assessments and take action as necessary.

17.0 References

17.1 National Documents

H.M Government; 2018; CONTEST – The United Kingdom's Strategy for Countering Terrorism; available online via https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/716907/140618_CCS207_CCS0218929798-1_CONTEST_3.0_WEB.pdf

H.M. Government; 2018; *Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children:* https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

NHS England; 2017; *Prevent Training and Competencies Framework;* https://www.england.nhs.uk/wp-content/uploads/2017/10/prevent-training-competencies-framework-v3.pdf

NSPCC; 2019; *Gillick competency and Fraser guidelines;* https://learning.nspcc.org.uk/media/1541/gillick-competency-factsheet.pdf

Royal College of Paediatrics and Child Health; 2018; *Adult Safeguarding: Roles and Competencies for Healthcare Staff;* https://www.rcn.org.uk/professional-development/publications/pub-007069

Royal College of Paediatrics and Child Health; 2019; *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff;* https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies-healthcare-staff

17.2 Legislation

Care Act 2014

Children Act 1989

Children Act 2004

Children and Social Work Act 2017

Data Protection Act 2018

Female Genital Mutilation Act 2003

General Data Processing Regulations 2018

Health and Social Care Act 2012

Mental Capacity Act 2005

Modern Slavery Act 2015

Safeguarding Vulnerable Groups Act 2006

Serious Crime Act 2015

18.0 Appendices

Appendix A	**Service line Standard Operating Procedures**
	8.5 IUC Request for a Social Care Assessment
	8.9 IUC Safeguarding child and Adult at Risk referrals
	PTS Clinical Action Card
Appendix B	What is a “Looked After Child” ? (LAC)
Appendix C	Social Care Assessment
Appendix D	Seven Golden Rules for Information Sharing
Appendix E	How to assess and record Mental Capacity
Appendix F	Briefing Paper YAS Attendance at Child Death Meeting. Briefing Paper YAS Attendance at a Safeguarding Strategy Meeting.

Appendix A – IUC

8.5 IUC REQUEST FOR A SOCIAL CARE ASSESSMENT

INTEGRATED URGENT CARE (IUC)			
Version	2.1	Owner	Operational Service Manager (Clinical), IUC
Reviewed on	01.05.19	Note	
Next review	Jan 2020	Frequency	2 Yearly
Original Issue date	27.11.13	Ratifier	Head of Safeguarding YAS
EIA	03.02.15	Union check	03.02.15
DPIA			

Trigger: Social care concerns about an Adult patient, when no immediate safeguarding risk is present and no urgent referral via the YAS Health Desk is required.

Objective: To guide Clinicians on managing social care calls, when there is no apparent immediate safeguarding risk of abuse or neglect.

Responsibility: All IUC Clinicians

**** This does not replace see SOP 8.9 Safeguarding Children & Adult Referrals. When there is an immediate Safeguarding concerns for an adult at risk use 8.9.**

ACTION

- A call has been taken by a Health Advisor and assessed as normal via NHS Pathways – check if an assessment of symptoms was made by the Health Advisor as it may not always be appropriate to make an NHS Pathways assessment for a social care concern.
- If the Health Advisor identifies there is a social care need they **must** seek advice from a Clinical Team Leader **before** submitting a request for a social care assessment to local authority. Advice must be documented in Adastra record.
- Determine if a care pathway/family care is in place.
- The call has been referred to an IUC clinician.
- **It must be confirmed that there is no immediate safeguarding risk. If there is an immediate concern, refer to SOP 8.9 Safeguarding Children & Adult Referrals**
- If it is determined a request for a social care assessment is required, the IUC member of staff must contact the Health Desk in the Clinical Hub Emergency

Operations Centre (EOC) on **0300 330 0274 (select option 3)** and refer as soon as possible. This includes all out of area patients. **See Appendix 1**.

- Advise the Clinical Hub that this is an NHS 111/IUC request for a social care assessment for an adult.

- Consent wherever possible should be obtained from the adult whom requires the social care assessment as they need to work in partnership with local authority. **See Appendix 2**
- There is no need to keep a patient on the line whilst undertaking the referral to the Clinical Hub

- Document the referral into the patient's Adastra note if consent has been obtained and note who from.

- Note some patients may require both a request for a social care assessment and a health assessment and referral to appropriate health service e.g. GP

- Consider GP referral at the time of call to OOH as well as onward referral of concerns (as a GP can arrange 'fast track' community nurses if required)

Appendix 1 - IUC

Social Care Assessment

The Care Act 2014 placed a duty on all local authorities to meet the care and support needs of adults living in their area; this is done through requesting a social care assessment. If you have contact with patients who present with care and support needs or who appear to find it difficult to look after themselves, you can request an assessment on their behalf.

Adult Social Care are required to ensure that a person's well- being and independence is the focus of their assessment.

Examples of support that can be provided to an adult following a social care assessment can include helping an adult;

- Managing and maintaining nutrition, such as being able to prepare and eat food and drink
- Maintaining personal hygiene, such as being able to wash themselves and their clothes
- Managing toilet continence needs
- Being able to dress appropriately, for example during cold weather
- Being able to move around the home safely, including accessing the home from outside
- Keeping the home sufficiently clean and safe
- Being able to develop and maintain family or other personal relationships, in order to avoid loneliness or isolation
- Accessing and engaging in work, training, education or volunteering, including physical access
- Being able to safely use necessary facilities or services in the local community, including public transport and recreational facilities or services
- Carrying out any caring responsibilities, such as for a child or another adult

You will need consent from the adult for the request and it is important to include the adult's wishes and desired outcome in the referral.

A request for Social Care Assessment can be made by contacting the **Health Desk** in the Clinical Hub **on 0300 330 0274**.

Appendix 2 - IUC

Making Safeguarding Personal

'No decision about me without me'

Making Safeguarding Personal is fundamental to adult safeguarding; it means keeping a person at the centre of all safeguarding decisions that are made about them.

The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then checking at the end of the safeguarding process how far their expectations have been met.

Empowerment - support for people to make their own decisions

Proportionality – the least intrusive or less restrictive intervention appropriate to the risk

Partnership - Working across agencies, services and communities to prevent, detect and report neglect and abuse

Prevention - Taking action before harm occurs or risk escalates

Protection - Supporting those in need as a result of abuse or neglect

Accountability - Enabling service users and leaders to challenge agencies for their responses to those at risk of harm

The benefits of Making Safeguarding Personal are;

- Person-led
- Outcome focused
- Engages people in conversations about their safety
- Provides choice and control
- Improves quality of life
- Improves well-being and safety
- Ensures a proportionate response

8.9 SAFEGUARDING CHILDREN AND ADULT AT RISK REFERRALS - IUC

INTEGRATED URGENT CARE (IUC)			
Version	2.1	Owner	Operational Service Manager (Clinical), IUC
Reviewed on	01.05.19	Note	
Next review	Sep 2019	Frequency	6 monthly
Original Issue date	08.11.13	Ratifier	Head of Safeguarding YAS
EIA	02.02.14	Union check	
DPIA			

Trigger: Where a member of IUC staff has cause for a safeguarding concern of an adult or child at risk.

Objective: To support Health Advisors and Clinicians in the care of individuals that could be at risk of significant harm or suffering significant harm:

- Safeguarding Children (includes unborn)
- Safeguarding Adult at Risk

Responsibility: All IUC call centre staff

This briefing covers:

- Children and Adults at Risk
- The call handling safeguarding process
- The escalation process for safeguarding referrals
- Caller review arrangements
- The approach to caring for Children and Adults at Risk

This does not cover requests for AN Adult Social Care Assessment. Please Use SOP 8.5 'IUC Request for a Social Care Assessment.'

Follow the directions in **Appendix 1** when you have Safeguarding concerns and follow how to submit a Safeguarding Referral.

How is Safeguarding defined?

Please see Appendix 2
Please refer to the YAS Safeguarding Policy (Children, Young People and Adults at Risk) available on PULSE
http://pulse.yas.nhs.uk/apps/Library/PoliciesandProceduralDocuments/PO%20-%20Safeguarding%20Policy%20(Children,%20Young%20People%20and%20Adults%20at%20Risk)%20-%20December%202015%20v3.2.pdf

The Safeguarding Team are available in hours 09:00-17:00 Monday to Friday for help and advice on 01924 584375. The Team e-mail is: yas.safeguard@nhs.net

Team Leaders
Please note that if IUC staff members have dealt with a particularly difficult/traumatic safeguarding call, then please use a Post Incident Care form which is available via the YAS Intranet Pulse page by searching Post Incident care, read and complete the form if required. It is the Line Manager's responsibility to offer direct support.

Appendix 1

IUC Process for Safeguarding Referrals	
Step 1	Member of IUC staff identifies a safeguarding concern for the unborn, the child/ren or an adult at risk: • Health Advisors **must** seek advice from a Clinical Team Leader **before** submitting a safeguarding referral to local authority. • Senior Clinical Advisors should seek advice if they require additional support and guidance. • You may need to keep the caller on the line whilst discussing the case with a Clinical Team Leader.
Step 2	If an IUC Health Advisor/Senior Clinical Advisor has immediate safety concerns about the patient's welfare or safety: • Request police attendance at scene. • Follow the NHS Pathways instructions, seeking Clinical Team Leader advice if required. • If it is possible and safe to do so during the call, consent should be obtained for referral to the Police.
Step 3	When it has been determined that a safeguarding referral is required, the IUC member of staff must contact the Health Desk in Emergency Operations Centre (EOC) via the clinical hub 0300 330 0274 (option 3) and refer as soon as possible as per policy and guidance (this includes all out of area patients): • Consent should be obtained from the parent or carer of a child for the safeguarding referral or from the adult at risk; unless you believe it is likely to increase the risk to the child or adult at risk or increase risk to a member of the public. Record on the safeguarding referral if you obtained consent and if not why not? • There is no need to keep a caller on the line whilst undertaking the referral to the Health Desk in the Clinical hub.

Step 4	Health Desk staff complete the Safeguarding Children or Adult at Risk referral form during the phone conversation. The detail and information is provided by the IUC member of staff, not the Health Desk staff. All information is quoted back throughout the call, calls are recorded: • It is imperative that you ensure the safeguarding referral completed on your behalf is a clear, concise and complete account of your safeguarding concern and identified risks. That contact details for the child and/or Adult at Risk should be within the referral form. Any opinions you have are based on FACTS – what you have heard.
Step 5	Health Desk staff telephone Social Care, within office hours, in the local authority for which the person lives; to inform them of the Safeguarding referral and then forward the referral to Social Care by secure email. You will be asked whether needs a referral immediately or next working day The referrer details are obtained and included on the referral form.
Step 6	Health Desk staff will send a confirmatory e-mail to the IUC member of staff who raised the Safeguarding concerns that information has been shared with social care.

Appendix A - PTS

NHS
Yorkshire
Ambulance Service
NHS Trust

PTS Clinical Action Card

Call 999 – A&E Ambulance

Cardiac arrest
Chest pain
Fitting
Unconsciousness
Difficulty breathing
Bleeding fistulas or major bleeding
Administer oxygen in these situations if available

Call the Clinical Hub – 0300 3300 274 – Option 1

Falls (on or off the vehicle)
Urgent medical problems (where the patient is conscious)
Minor injury/illness (symptoms started within the last 24 hours)

Direct patient to NHS 111 or GP

Medication enquiries
Questions about current conditions
Minor injury/illness (symptoms started more than 24 hours ago)
Minor ailments (cold symptoms, muscle aches etc.)
Concerns about mental health or substance/alcohol misuse

Please turn over

Version 9
01 August 2018

Call the Clinical Hub – 0300 3300 274 – Option 3

Safeguarding Concerns

Concerns regarding patient welfare should be raised

Social care referral

Adults who:

- are unable to cope at home
- may need care and support for their daily activities
- need housing or financial support

These patients tend to have an ongoing situation that is deteriorating. The patient will need to give their consent for this referral.

Safeguarding referral

Adults at risk and children who have been abused or are likely to be at risk of abuse, such as:

- Physical
- Sexual
- Emotional
- Financial
- Neglect
- Domestic abuse
- Discriminatory
- Self-neglect
- Modern slavery
- Radicalisation
- Organisational abuse (i.e. by a paid carer)

If in doubt, please call the Clinical Hub who will be happy to offer advice on which referral is more appropriate.

The Clinical Hub is available 24/7 to provide advice and support.

Callers will be taken through telephone triage and, where possible, the patient will be spoken to directly.

Responsibility for the patient transfers to the clinician within the Clinical Hub and no longer remains with PTS staff. Any instructions provided to you should be followed, even if that falls outside of your normal transport protocols. The Clinical Hub will also advise you on a course of action if there are other patients in your care.

Appendix B What is a "Looked After Child" ? (LAC)

A child who is being looked after by a local authority is known as a child in care or a 'Looked After Child'. A child becomes 'looked after' if they are in the care of the local authority for more than 24 hours (Children Act 1989).

- They could be living with foster parents
- Living with their parents but under a supervision order
- Living in a residential home for children
- Living in another residential setting such as a special school or a secure, mental health or young offenders setting
- A child placed for adoption with prospective adopters or where a local authority is authorised to place a child for adoption is also a "Looked After Child"

These children are being looked after by their local authority because their parents may be struggling to cope and need help, or because children social care have placed them there because they were at risk of significant harm of abuse or neglect. Children can also become looked after because:

- a child is disabled
- a parent is ill or disabled
- there are other family problems
- parents are absent (for example, unaccompanied asylum seekers)

Children who are looked after are consider more at risk than their peers-

- Children in care are 4 times more likely than their peers to have a mental health difficulty because of the neglect, abuse or trauma they have suffered (Meltzer at al 2003).
- 30% of children who return home are back in care within 5 years (DfE 2013).
- Children in care are significantly more likely to have run away than their peers (Rees 2011).
- A small proportion of children in care experience further abuse and neglect whilst in care (Biehal et al 2014).
- Over 60% of children in care are looked after due to abuse and neglect (DfE 2016)
- An estimated 20 to 35% of sexually exploited children are children in care (Office of the Children's Commissioner and Berelowitz, S. 2012).

YAS staff considerations:

It may not always be known or shared that a child is 'Looked After' and carers may not always inform the local authority that YAS has been called/attended.

A local authority may rely on incomplete health records to make decisions that might adversely affect the child or young person. Therefore it is of vital importance where a ‘Looked After Child’ is directly or indirectly involved, YAS staff carefully consider if the child’s social worker needs informing of any ambulance service involvement or if a referral to children social care needs to be made, because Local Authorities have shared parental responsibility (PR) for ‘Looked After Children’ but foster parents and residential staff do not.

Where it is known, or reasonably believed, that a child is Looked After information should be shared with Children’s Social Care either by telephoning the named Social Worker directly or by completing a child safeguarding referral.

Further advice can be sought from the Safeguarding Team at YAS HQ during office hours (01924 584375) or from the local Out of Hours Duty team by requesting their number from the Clinical Hub (0300 330 0274).

Appendix C Social Care Assessment

The Care Act 2014 placed a duty on all local authorities to meet the care and support needs of adults living in their area; this is done through a social care assessment. If you attend or have contact with patients who present with care and support needs or who appear to find it difficult to look after themselves, you can request an assessment on their behalf.

Adult Social Care are required to ensure that a person's well- being and independence is the focus of their assessment.

Examples support that can be provided to an adult following a social care assessment can include helping an adult;

- Managing and maintaining nutrition, such as being able to prepare and eat food and drink
- Maintaining personal hygiene, such as being able to wash themselves and their clothes
- Managing toilet needs
- Being able to dress appropriately, for example during cold weather
- Being able to move around the home safely, including accessing the home from outside
- Keeping the home sufficiently clean and safe
- Being able to develop and maintain family or other personal relationships, in order to avoid loneliness or isolation
- Accessing and engaging in work, training, education or volunteering, including physical access
- Being able to safely use necessary facilities or services in the local community, including public transport and recreational facilities or services
- Carrying out any caring responsibilities, such as for a child or another adult

You will need consent from the adult for the request and it is important to include the adult's wishes and desired outcome in the referral.
If you have not received the adults' consent you should record the reason for this on the referral format.
A request for Social Care Assessment can be made by contacting the **Clinical Hub on 0300 330 0274**.

Appendix D Seven Golden Rules for Information Sharing

1.Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.

2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.

4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared.

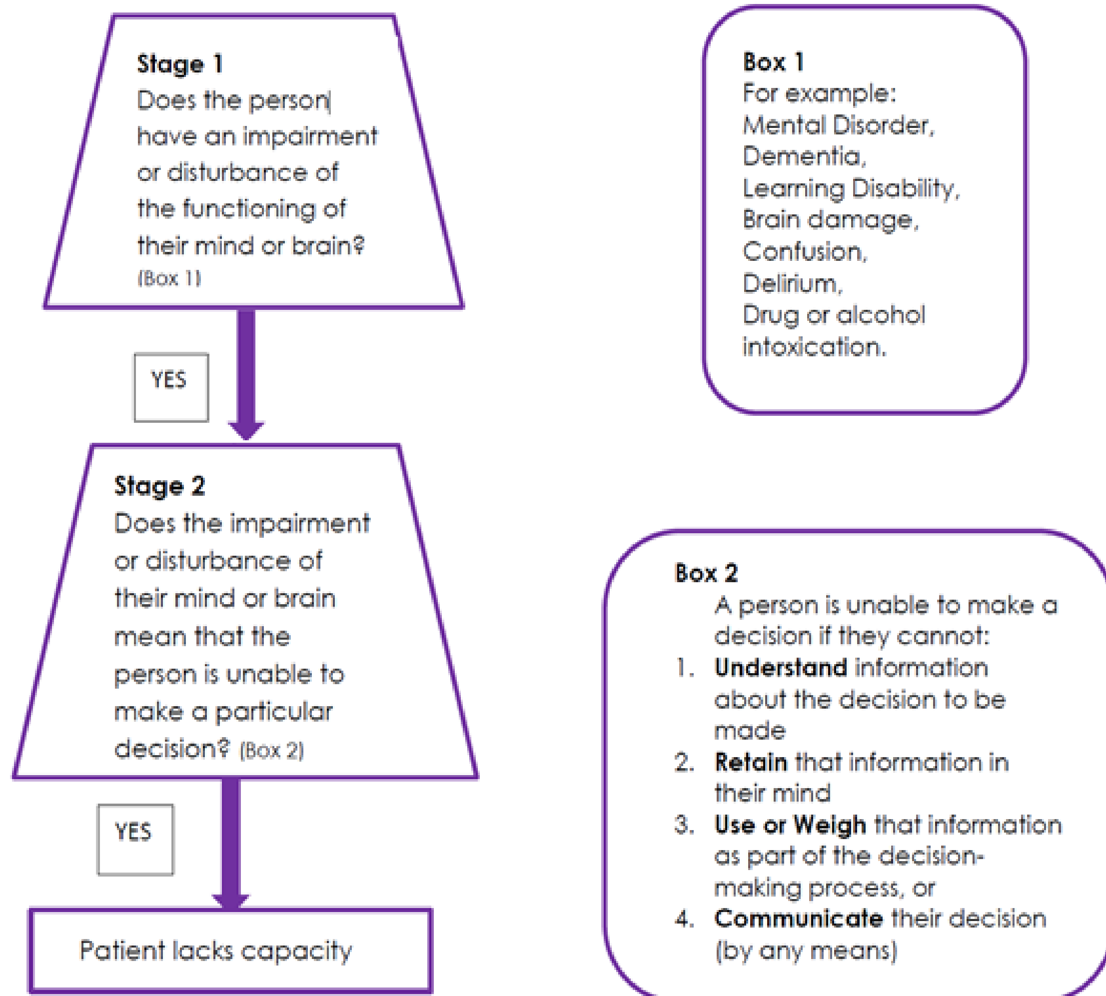
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.

6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Information Sharing; Advice for practitioners providing safeguarding services to children, young people, parents and carers. July 2018.

Appendix E How to assess and record Mental Capacity



Talk to the patient and determine if they can understand the decision, what are the risks?, What is the patients' understanding and retention of the information?, Decide if you think the patient can weigh up the options and communicate the decision to you clearly.

A clinician should not assume a person lacks capacity simply because they have a particular diagnosis or condition. You should be sure the diagnosis or condition affects their ability to make a decision when it needs to be made.

Record in the patient care record the steps you took to assess capacity. The specific decision for which the capacity was assessed, why you think the patient lacks capacity. This should also include the nature of the impairment, what steps were taken to promote ability to make the decisions.

Assessment of capacity is often worded" I believe looking at the balance of probabilities that this person has/lacks capacity to make this decision because…."
Record what was the outcome of the decision.

Appendix F

Briefing Paper YAS Attendance at Child Death Meeting

A sudden or unexpected death of a child is one of the most distressing incidents that the ambulance service attends. Following the death of a child a meeting will be arranged to establish the facts of the case. This initial meeting may be called a Rapid Response, a SUDIC (Sudden Unexpected Death in Childhood) or a Joint multi-agency meeting and these are held in each of the 13 local authorities that YAS covers.

The rapid response process is a coordinated multi-agency approach and an information sharing meeting to investigate the unexpected death of a child and support the bereaved family. It has 3 primary outcomes: to establish where possible, in conjunction with the coroner, a cause of death; to identify any contributory factors; and to provide ongoing support to the family.

Expectations

- YAS safeguarding team based at Trust HQ will invite clinical staff to the meeting if it is deemed that their attendance is necessary and appropriate.
- This would be arranged via your Clinical Supervisor.
- The YAS safeguarding team will supply a copy of the Patient Care Record to you, if you are unable to access a copy.
- It would be usual that the maximum of **TWO** practitioners would represent YAS at the meeting usually the lead paramedic who attended the incident and one other.
- Your role in the meeting would be to share relevant and FACTUAL information surrounding the incident. Any information you share MUST be based on the FACTS of the case. Such information may include what you saw, what was said and what happened but it would not include any opinions that are not based on the facts.
- This would complete your involvement of the multi-agency process.
- Please ensure you do not add personal emails/telephone numbers to the attendance meeting list. All communication should be with the YAS Safeguarding Team.
- Following the meeting please contact the YAS safeguarding team at Trust HQ (yas.safeguard@nhs.net) with a brief overview of the meeting including any specific learning or any actions.
- You are also encouraged to complete a written reflection, as this will contribute to your Level 3 Safeguarding competencies and your own CPD records.

It is important to note that the purpose of these meetings is to establish the facts of the case only and it is no way a substitute for the debrief process or part of the employee health and well-being process. If you have attended an incident that involved the death of a child you are encouraged to follow the Trust post incident care process to allow you to debrief to ensure your own well-being.

It is not expected

- that additional staff members will attend the meeting that have not been invited by the YAS safeguarding team and agreed with the Clinical supervisor.
- that a member of YAS staff will attend the meeting if there is a conflict of interest and the child is known to you personally.
- that you will need to continue to attend ongoing case discussions about the family, if you receive an invitation from local authority business support please send the email to yas.safeguard@nhs.net

Any queries please contact the safeguarding team
Tel: 01924 584375
yas.safeguard@nhs.net

Briefing Paper YAS Attendance at a Safeguarding Strategy Meeting

Whenever there is reasonable cause to suspect that a child and or Adult at Risk is suffering or likely to suffer significant harm, a multi-agency strategy meeting will be convened involving the local authority social care, police, health and other relevant agencies such as the referrer.

The Strategy Meeting following an initial assessment by Social Care is a coordinated multi-agency approach and information sharing meeting to determine the child or adult at risk's welfare and agree safeguarding and protection actions.

This meeting may be part of and contribute to the statutory arrangements of Section 47 Children Act 1989 and the Care Act 2014.

Expectations

- YAS safeguarding team based at Trust HQ will invite clinical staff to the meeting if it is deemed that their attendance is necessary and appropriate.
- This would be arranged via your Clinical Supervisor.
- The YAS safeguarding team will supply a copy of the Patient Care Record to you, if you are unable to access a copy.

- It would be usual that the maximum of TWO practitioners would represent YAS at the meeting usually the lead paramedic who attended the incident and one other.
- Your role in the meeting would be to share relevant and FACTUAL information surrounding the incident. Any information you share MUST be based on the FACTS of the case. Such information may include what you saw, what was said and what happened but it would not include any opinions that are not based on the facts.
- This would complete your involvement of the multi-agency process.

- Please ensure you do not add personal emails/telephone numbers to the attendance meeting list. All communication should be with the YAS Safeguarding Team.
- Following the meeting please contact the YAS safeguarding team at Trust HQ (yas.safeguard@nhs.net) with a brief overview of the meeting including any specific learning or any actions for YAS.
- You are also encouraged to complete a written reflection, as this will contribute to your Level 3 Safeguarding competencies and your own CPD records.

It is important to note that the purpose of these meetings is to establish the facts of the case only and it is no way a substitute for the debrief process or part of the employee health and well-being process. If you have attended an incident and require support you are encouraged to follow the Trust post incident care process to allow you to debrief to ensure your own well-being.

It is not expected

- that additional staff members will attend the meeting that have not been invited by the YAS safeguarding team and agreed with the Clinical supervisor.
- that a member of YAS staff will attend the meeting if there is a conflict of interest and the patient is known to you personally.
- that you will need to continue to attend ongoing case discussions about the family, if you receive an invitation from local authority business support please send the email to yas.safeguard@nhs.net

Any queries please contact the safeguarding team
Tel: 01924 584375
yas.safeguard@nhs.net

Definitions

Allegation against staff includes sub-contractor, volunteer, agency	An "allegation" is defined as and may relate to a person who works with children who has: • Behaved in a way that has harmed, or may have harmed, a child • Possibly committed a criminal offence against or related to a child • Behaves towards a child or children in a way that indicates they may pose a risk of harm to children *(Working Together to Safeguard Children – July 2018)*
An Adult at Risk	Is described by the Care Act 2014 as being aged 18 years or over, has care and support needs (whether they are being met or not), is at risk of or experiencing harm or abuse and because of the care and support needs is unable to protect themselves from harm or abuse.
Categories of Abuse – Children 4 Categories	Neglect, Physical, Emotional, Sexual,
Neglect - child	The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: Provide adequate food, clothing and shelter (including exclusion from home or abandonment) Protect a child from physical and emotional harm or danger Ensure adequate supervision (including the use of adequate care givers) Ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic needs. ((Working Together 2018)
Physical Abuse - child	A form of abuse which may involve

	hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when parent or carer fabricates the symptoms of, or deliberately induces, illness in a child. (Working Together 2018)
Emotional - child	The persistent emotional maltreatment of a child such as to cause persistent adverse effect on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meets the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate. Inappropriate expectations for the child's age, over protection, limitation of exploration, preventing a child's normal social interaction. It may involve the seeing or hearing the ill-treatment of another. Serious bullying (including cyber bullying), causing children to feel frequently frightened or in danger. A level of emotional abuse in all types of maltreatment of a child, or may occur alone. (Working Together 2018)
Sexual Abuse - child	Involves forcing or enticing a child or young person to part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. Physical contact, including assault by penetration (rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. May include non – contact activities, involving children looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropiate ways, or grooming a child for abuse. Can occur online, and technology can be used to facilitate offline abuse. Not solely perpetrated by male adults, women can commit sexual

	abuse, as can other children. (Working Together 2018)
Categories of Abuse – Adult at Risk 10 categories	Discriminatory, Domestic, Financial, Modern Slavery, Neglect and acts of omission, Organisational, Physical, Psychological, Self-Neglect, Sexual,
Discriminatory Abuse - adult	Abuse on the grounds of a protected characteristic e.g. age, disability gender reassignment, marriage and civil partnership, pregnancy, maternity, race, religion and belief, sex or sexuality orientation. Includes Hate Crime, "Mate Crime," whereby an adult at risk is befriended with the intention of perpetrating abuse. May include harassment, derogatory or discriminatory comments, being denied medical treatment based on age or mental health, denying basic rights.
Domestic Abuse - adult	Applies to 16 yr. olds and over - An incident or pattern of incidents of controlling, coercive, threatening, degrading or violent behaviour, including sexual, financial, emotional or economic abuse, harassment or stalking. By intimate partners, family members, ex partners. Includes so called 'honour bases violence, female genital mutilation and forced marriage.
Financial Abuse - adult	Controlling a person's ability to acquire, use and maintain their own money and financial resources. Theft of money or possessions, taking benefits or pension payments from someone, manipulating a person into poor investment decisions, coercing an adult at risk to make changes to will, property or inheritance arrangements. Moving into a persons' home and living rent free, without agreement or under duress. Misuse of power of attorney, deputy,appointeeship or other legal authority.
Modern Slavery - adult	The recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation. A crime under the Modern Slavery Act 2015. Includes holding a person in a

	position of slavery, servitude, forced or compulsory labour, human trafficking.
Neglect and acts of omission - adult	Failure to provide or allow access to food, shelter, clothing, heating, stimulation, activity, personal or medical care. Failure to administer prescribed medication, refusal of access to visitors, preventing access to glasses, hearing aids, dentures, failure to ensure privacy & dignity, not taking account of educational, social, cultural, religious or ethnic individual needs.
Organisational Abuse - adult	Formerly known as institutional abuse. The mistreatment of people as a result of inadequate or poor care and support, or systemic poor practice which affects a whole organisational setting (paid carers). Organisational abuse occurs where the needs and wishes of the organisation are given precedence over the needs and wishes of the individual.
Physical Abuse - adult	Includes aspects of child definition and Inappropiate,unauthorised or unlawful use of restraint. Purposefully making someone uncomfortable (i.e. removing blankets, opening windows) Involuntary isolation or confinement Forcibly feeding, withholding food Misuse of medication (i.e.over sedation)
Psychological abuse - adult	Forced social isolation, preventing access to services, education or social opportunities. Removing mobility and communication aids. Intentionally leaving someone unattended that requires assistance, failure to respect privacy, preventing choice and opinion. Preventing stimulation, meaningful occupation activities, intimidation, coercion, harassment, use of threats, humiliation, and bullying, swearing or verbal abuse. Addressing a person in a patronising or infantilising way. Threats of harm or abandonment, cyber bullying.
Self-Neglect - adult	An extreme lack of self-care, that threatens personal health and safety. May include hoarding, neglecting to care for one's own personal health, hygiene,

	property or surroundings. Persistent failure to seek help or access services to meet health and social care needs. An inability or unwillingness to manage one's own personal affairs.
Sexual Abuse - adult	Includes aspects of child definition - Non-consensual masturbation, penetration or attempted, any sexual activity when the person lacks the capacity to consent to. Inappropriate looking, sexual teasing, sexual harassment, sexual photography and forces use of pornography, indecent exposure.
CDOP (Child Death Overview Panel)	A group of professionals who meet several times annually to review all child deaths in the area anonymously with the aim of identifying learning which may prevent future deaths.
Child or young person	A child is anyone who has not yet reached their 18th birthday. A young person is 16 years old or 17 years old, but remain a child and subject to Child Protection law as is under 18 years of age.
Child Safeguarding Practice Review (CSPR)	Commissions reviews of serious child safeguarding cases to improve learning and professional practice.
Clinical Commissioning Group (CCG)	Statutory NHS body responsible for planning and commissioning of health care services for the local area.
Clinical Hub	Clinical Advisors (Nurse or Paramedic trained) based within the Emergency Operations Centre at YAS.
DBS (Disclosure and Barring Service) Check	The Disclosure and Barring Service undertakes checks to support employers to ascertain the suitability of a candidate to work in areas undertaking regulated activities. Four levels from a basic check containing details of cautions and convictions unspent under the terms of the Rehabilitation of Offenders Act 1974 through to enhanced checks for those working with adults and children e.g. in receipt of healthcare.
Designated Nurse/Professional	Provides safeguarding expertise and leadership throughout health and multi-agency partnerships.

Domestic Homicide Review	A multi-agency review of circumstances whereby a person aged 16 or over has, or appears to have, died as a result of abuse, neglect and/or violence by a person related to them or with who they were or had been in an intimate relationship with.
Duty of Candour	A legal obligation to be open and transparent with people who use services and/or a person acting lawfully on their behalf with regards their care and treatment. Identifies specific requirements which must be followed when things go wrong including informing people about an incident, providing support and truthful information and an apology when things go wrong.
Female Genital Mutilation	A procedure in which female genitals are deliberately injured, changed, cut or removed without medical reason. Usually carried out on young girls before puberty.
Health Desk	Administrative staff available in the Clinical hub, to contact by telephone who complete referral documents including for safeguarding and social care assessment.
Local Authority (also known as Social Care, Adult Social Care, Children's Social Care)	An administrative body in local government. Local Authorities have a legal obligation to undertake enquiries and assessment of safeguarding concerns in relation to children, young people (Children Act 1989) and adults at risk (Care Act 2014).
Local Safeguarding Adult Board (LSAB)	Leads adult safeguarding arrangements across it's locality to oversee and co-ordinate effectiveness of member and partner agencies. Assures local safeguarding arrangements are in place as defined in the Care Act 2014 and that safeguarding practice is person-centred and outcome focused. The LSAB is responsible for commissioning Safeguarding Adult Reviews for any case which meets the criteria.

Local Safeguarding Child Partnership (Formerly Local Safeguarding Children's Board)	Responsible for the development of multi-agency policies and procedures which promote the welfare of children and young people in a manner consistent with Working Together to Safeguard Children (2018). Responsible for ensuring co-ordinated responses to unexpected child deaths, analysing collated information and undertaking review of serious cases to identify opportunities for learning are understood and acted upon.
Looked After Child	A child for whom a court has granted a care order placing the child in care, or a council's child services department has cared for the child for more than 24 hours.
Making Safeguarding Personal	Is fundamental to adult safeguarding; it means keeping a person at the centre of all safeguarding decisions that are made about them. The key focus is on developing a real understanding of what people wish to achieve, agreeing, negotiating and recording their desired outcomes, working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then checking at the end of the safeguarding process how far their expectations have been met.
Memorandum of Understanding (MoA)	YAS Safeguarding team work with all multi agency statutory partners across the geographical region. There is a Memorandum of Agreement between NHS Wakefield Clinical Commissioning Group (CCG) lead commissioner and Yorkshire Ambulance Service (YAS) NHS Trust with all CCGs across Yorkshire and the Humber, NHS England, and the local statutory safeguarding arrangements for children and adults. The aim of this agreement is to ensure that YAS is represented in each CCG area, and is kept informed of any safeguarding issues which require YAS to take to action.

Parental Responsibility	The legal rights, powers, responsibilities, duties and authority a parent has for a child. This may be a birth parent, adoptive parent, legal guardian, Local Authority through Child Protection measures or parental responsibility may be shared between more than one agency.
PREVENT	Prevent – part of the Home Office Counter-Terrorism strategy to prevent people from being drawn into terrorism. WRAP – Workshop to Raise the Awareness of Prevent Radicalisation – the process or action of causing someone to adopt radical positions on political or social issues. Radicalisation applies equally to all extreme political and social views, including extreme right wing activities.
Provider Agency	A person, partnership or organisation providing regulated activities.
Regulated Activity	Regulated Activity relates to Activity with Children and Activity with Adults, which requires enhanced Disclosure and Barring Service checks to ensure employee suitability.
Safeguarding Adults Six Principles	**Empowerment** - support for people to make their own decisions **Proportionality** – the least intrusive or less restrictive intervention appropriate to the risk **Partnership** - Working across agencies, services and communities to prevent, detect and report neglect and abuse **Prevention** - Taking action before harm occurs or risk escalates **Protection** - Supporting those in need as a result of abuse or neglect **Accountability** - Enabling service users and leaders to challenge agencies for their responses to those at risk of harm
Safeguarding Adult Review (SAR)	When an adult dies as a consequence of neglect or abuse, the Care Act 2014 requires a Safeguarding Adult Review (SAR) be arranged by the LSAB. The SAR aims to identify areas of good

	practice and promote learning and improvement.
Safeguarding Supervision	is an accountable process to support, assure and provide critical reflection regarding safeguarding cases – to develop the knowledge, skills and values of a staff member. Safeguarding supervision is specified for competency at Level 3 within the Intercollegiate Documents for Adults and Children.
Serious Incident	An incident or occurrence in which one or more patients, staff members, visitors or members of the public experience permanent or significant harm or alleged abuse, or where provision of service is threatened.
SUDIC (Sudden Death in Childhood)	The death of a child which was not anticipated. A multi-agency response by a group of key professionals to review information known, care provided and where lessons can be learned.
YAS Staff	All Trust staff, sub-contractors, students, agency and volunteers.

Roles & Responsibilities

Chief Executive

The Chief Executive is the executive member of the Trust Board with overall accountability in relation to safeguarding and patient experience.

Director of Quality Governance and Performance Assurance

The Director of Quality Governance and Performance Assurance is the nominated director responsible for coordinating the management of the safeguarding agenda and patient experience.

Medical Director

The Medical Director is the nominated director responsible for consent for treatment and ensuring that all attending personnel deliver care in accordance with best practice.

Head of Safeguarding

The Head of Safeguarding has a responsibility for the development and implementation of systems and processes for safeguarding, working with partner

agencies in line with local and national standards and legislation. This includes overall responsibility for policy development, education content guidance, and safeguarding supervision. The Head of Safeguarding oversees the Named Professional for Safeguarding Vulnerable Groups.

YAS Staff and Volunteers

Are required to act at all times to safeguard the health and well-being of their patients and members of the public. Have a duty to access appropriate safeguarding statutory and mandatory training, to ensure understand their role and responsibilities with regard to safeguarding. If a safeguarding concern is identified, have the responsibility to take the necessary actions ad follow agreed processes.