

Position responsible: Medical Director
 Approved by: CGC

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Related Documents	SOP 4.8 Safeguarding Recruitment of Individuals with Previous Convictions Policy Freedom to Speak Up Policy Disciplinary Policy and Procedure
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Further information	<p>Guidance NSPCC Safeguarding Standards and Guidance for the Voluntary and Community Sector, Working Together to Safeguard Children 2018, Safeguarding and Protecting People for Charities and Trustees, NHS England Safeguarding Adults, NHS England Safeguarding Children, EEAST Safeguarding Policies, Care and Support Statutory Guidance, Cambridgeshire & Peterborough Safeguarding Adults and Children Boards Multi-Agency Policies, Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Fourth edition: January 2019.</p> <p>Legislation Children Act 1989; Children Act 2004; Children and Social Work Act 2017; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Care Act 2014</p>
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1.0 Background

- 1.1 The safeguarding of children and adults at risk from significant harm is a fundamental professional, ethical and legal responsibility for all healthcare practitioners. This responsibility applies to all children and vulnerable adults encountered by Magpas staff and volunteers during the course of their work. It is not restricted to those receiving direct clinical intervention.
- 1.2 Magpas will work to promote wellbeing and prevent harm to children and adults at risk that it comes into contact with, and will respond effectively if concerns are raised.
- 1.3 Children may suffer harm by being abused or neglected. This may be within the home, the community or in an institution and is usually carried out by a person known to the child. The categories of abuse are physical abuse, emotional abuse and sexual abuse. These can coexist with each other and with neglect.
 - Physical abuse – may involve hitting, shaking, burning, drowning, suffocating or any other method of inflicting physical harm.
 - Emotional abuse – is the persistent emotional ill-treatment of a child such as to cause severe adverse effects on the child’s emotional development. For example constantly telling the child that they are unloved, useless or stupid.
 - Sexual abuse – involves forcing or enticing a child to partake in sexual activities regardless of whether or not the child is aware of what is happening.
 - Neglect – is the persistent failure to meet the child’s basic physical and/or emotional needs.
- 1.4 Adults at risk of neglect and abuse also require protection and support. Adults can be abused and neglected, although awareness of the potential for abuse of this group of people is lower than for children. Safeguarding duties apply to any adult (over 18) who has needs for care and support (whether or not the local authority is meeting any of those needs), is experiencing or at risk of abuse or neglect and as a result of those care and support needs is unable to protect themselves from either the risk of, or experience of abuse or neglect. Categories of abuse in adults at risk include:

- Physical abuse
- Emotional abuse
- Neglect
- Sexual abuse
- Financial abuse
- Psychological abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse

2.0 Legislation, Regulations and Guidance.

- 2.1 There have been many important publications from government bodies to guide practice in the protection of children and vulnerable adults. Some of these are part of wider initiatives to improve the general health and welfare of these groups of people, and others are focused specifically on prevention of abuse and mechanisms for dealing with abuse rigorously and efficiently should it occur.
- 2.2 The principal legislation related to protecting children is Section 11 of the Children Act 2004. It places a 'statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children'. This legislation has been amended by the Children and Social Work Act 2017 which changes the organisation of safeguarding services. Other relevant legislation is contained within the remainder of the Children Act 2004 and the Children Act 1989.
- 2.3 The Care Act 2014 includes legislation relating to adult safeguarding. This is supported by explanatory guidance in the form of the Care and Support Statutory Guidance. Additional legal requirements to safeguard adults are placed on providers of regulated healthcare activities in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

3.0 Roles and Responsibilities within Magpas

- 3.1 The Executive Committee will nominate the Safeguarding Lead for Magpas on recommendation of the Clinical Directorate. The Safeguarding Lead will be a clinician with at least level 3 safeguarding training and be supported by and report to the Medical Director.
- 3.2 The Medical Director will ensure that team members have completed the appropriate level of child protection training and the awareness of vulnerable adults training
- 3.3 The Safeguarding Lead:
- Will ensure safeguarding awareness training is available for all Magpas practitioners.
 - In parallel with the East of England Ambulance Service Trust (EEAST), East Midlands Ambulance Service (EMAS) and Local Safeguarding Boards will act as the reporting point for all child and vulnerable adult protection concerns generated during the course of Magpas clinical activity.
 - Will follow up safeguarding concerns raised by Magpas practitioners to ensure that reports have been made to the relevant ambulance service safeguarding team or Multi Agency Safeguarding Hub.
 - Will screen all patient records for potential safeguarding concerns.
 - Will report to the chair of the Clinical Governance Committee (CGC) the nature and outcome of any safeguarding concerns reported by Magpas practitioners.
 - Will share information with appropriate external agencies enquiring about safeguarding issues with which Magpas have been involved.

- 3.4 The trustee lead for safeguarding will provide oversight and active challenge of safeguarding activity to the trustee board, ensuring that responsibilities are met throughout the organisation.
- 3.5 The operations administration team will ensure that all practitioners have satisfactory Disclosure and Barring Service (enhanced) checks which are renewed in line with NHS recommendations and the Magpas Scheduling and Currency Policy. They will also ensure safeguarding training is up to date in line with this policy.
- 3.6 Individual clinicians:
- Will undertake the safeguarding awareness training provided by Magpas and provide evidence of completion to the Medical Director.
 - Will ensure they retain current training in level 3 children's safeguarding
 - Will, during their practice, maintain awareness of potential safeguarding issues and act in accordance with the standard operating procedure.
 - Will complete the appropriate documentation and highlight concerns to the Safeguarding Lead. This should be the case even if the person is transported to hospital, as information gained in the pre-hospital phase may be invaluable in subsequent investigations.
- 3.7 Volunteers and staff members:
- Will undertake the safeguarding awareness training provided by Magpas and provide evidence of completion to the Executive Leadership Team.
 - Will raise any safeguarding concerns with the safeguarding lead.

4.0 Training

- 4.1 An initial Magpas-specific safeguarding induction is compulsory for all team members and those with access to patients, relatives or patient records. The content of this induction should be reviewed on a yearly basis to ensure familiarity with Magpas procedures.
- 4.2 All clinical team members will be asked to provide evidence annually that they are currently qualified with their employer to a minimum of level 3 child and level 3 adult safeguarding training on the intercollegiate roles and competencies framework. Team members who have not received this training will be able to access further training on discussion with the Safeguarding Lead.
- 4.3 All charity staff will be asked to complete training which both complies with level 1 of the intercollegiate roles and competencies framework; and covers local procedures. This should be updated regularly in line with the intercollegiate framework.

5.0 Safer recruitment

- 5.1 All clinical team members will be asked to undergo an enhanced Disclosure and Barring Service (DBS) check. The role of the Disclosure and Barring Service is to 'reduce the risk of abuse by ensuring that those who are unsuitable are not able to work with children and vulnerable adults'.
- 5.3 Non-clinical staff roles will be assessed for eligibility to undergo an enhanced or standard DBS check. Staff in eligible roles will be required to undergo these checks.
- 5.4 Where a non-clinical role is not eligible for an enhanced or standard DBS check, a risk assessment will be completed to determine whether a basic check is required. If so, the employee will be asked to apply for this and provide evidence to Magpas.
- 5.5 The Disclosure and Barring Service searches the Police National Computer records as well as information held by the Department for Health and Social Care and the Department for

Education. Any information disclosed by the check will be appraised and used according to the DBS code of practice. The disclosures will be stored and disposed of appropriately to ensure confidentiality.

6.0 Actions to be taken in cases of suspected child or vulnerable adult abuse

- 6.1.1 Although the principles of child and vulnerable adult protection are identical regardless of role, the Professional Code of Conduct for both Doctors and Paramedics confers a higher degree of responsibility upon them.
- 6.1.2 The safety and welfare of the individual must be given high priority and managed alongside clinical care.
- 6.1.3 Whilst it is generally expected that confidentiality will be breached where necessary for child safeguarding matters, the child or parents should be informed that a safeguarding referral will be made where it is not suspected that the child's safety would be endangered because of this.
- 6.1.4 Adults should be involved in decisions regarding their care and use of confidential information. Generally, adults with capacity should consent to a safeguarding referral. As per information governance and confidentiality principles there are situations where confidentiality can be breached without a patient's consent. It is best practice to inform the patient that a referral will be made even if this is without their consent.
- 6.2 Clinical Team
 - 6.2.1 All concerns raised by the team must be reported to the Safeguarding lead via the Safeguarding section on HEMSbase. If, for some reason this is not available, the safeguarding@magpas.org.uk email should be used. No patient identifiable information is to be sent by email.
 - 6.2.2 Concerns about children or vulnerable adults who are transported to the Emergency Department accompanied by a Team member, should be handed over to the most senior nurse or doctor in the department. This should be documented in the patient care record, including the name of the person informed of the concern. A SPOC referral must also be made.
 - 6.2.3 For children or vulnerable adults who are transported by the ambulance crew only, or not transported at all, the attending ambulance crew will follow their usual channel of reporting. The team should also contact the relevant SPOC even if this is double reporting.
 - 6.2.3 If the patient is not transported the team must be very confident the patient is safe. There are occasions where a parent or carer may not allow the patient to be transported to hospital. If there is a concern that a child or adult at risk of neglect or abuse is at risk of immediate harm, the police should be called in the first instance and a SPOC referral completed when possible. If further advice is needed contact should be made with the Duty Advice Doctor who can advise directly or put the team in contact with the Safeguarding Lead.
- 6.3 Other members of staff and non-ambulance incidents
 - 6.3.1 Charity staff may come across children and adults at risk of abuse or neglect in the context of charity events, base or headquarters visits; or when working with charity volunteers. Clinical team members may also come across these groups of children and vulnerable adults in a similar context.
 - 6.3.2 In these contexts the possibility of abuse or neglect may be raised via reports or allegations by the victim or a witness, or staff may spot signs of abuse or neglect.

- 6.3.3 Staff concerned about the abuse or neglect of children or adults at risk outside the context of ambulance service patients should contact the safeguarding lead for advice in the first instance.
- 6.3.4 Where the staff member feels the person is in immediate danger the police should be called.
- 6.3.5 When the Safeguarding Lead cannot be contacted, the staff member should contact the Cambridgeshire Multi-Agency Safeguarding Hub (MASH) by telephone (See Appendix 1 for numbers).
- 6.3.6 On the advice of the MASH, an online safeguarding referral should be completed (see Appendix 1 for details).
- 6.3.7 Email the safeguarding lead (safeguarding@magpas.org.uk) to inform them of the incident and referral.

7.0 Documentation

- 7.1 All clinicians must record on HEMSbase if there is a case of suspected abuse for review by the Safeguarding lead. This is in addition to the referral made at the time. Patient care records are confidential patient information and stored by Magpas as such.

8.0 Allegations about team members, charity staff or volunteers

- 8.1 Working together to Safeguard Children 2008 and the Care Act 2014 require specific procedures to be followed in the event of safeguarding allegations against those working or volunteering with children or adults at risk of abuse or neglect.
- 8.2 These procedures must be invoked in the event of allegations that the team member has behaved in a way that has harmed an adult or child, or may have harmed an adult or child; committed a criminal offence against or related to an adult or child; behaved towards adults or children in a way that indicates he or she may pose a risk of harm to children or adults with care and support needs.
- 8.3 Allegations should be referred to the Medical Director, or if unavailable the deputy Medical Director.
- 8.4 Allegations of abuse or neglect regarding children:
 - 8.4.1 In the case of allegations of child abuse or neglect, the Medical Director (or deputy) should inform the Local Authority Designated Officer (LADO) by email or telephone (see Appendix 1 for details) within one working day.
 - 8.4.2 The LADO will advise on matters such as how much information can be disclosed to the accused person, whether suspension is recommended and referral to the DBS.
 - 8.4.3 Where following a strategy meeting, allegations are found to be substantiated, a referral should be made by the Medical Director or deputy to the DBS following advice from the LADO.
- 8.5 Allegations of abuse or neglect regarding adults at risk of abuse or neglect:
 - 8.5.1 With regards to adults at risk of abuse or neglect, a Persons in Positions of Trust (PiPoT) referral should be made to the Cambridgeshire MASH via email or telephone (see Appendix 1 for details). An adult safeguarding referral should also be made as usual.
 - 8.5.2 The accused person must be made aware they are being referred to adult social care under the PiPoT guidance. Where knowing about the referral could put the accused person or the subject of the alleged abuse at additional risk, this should be discussed with the MASH to

consider the wellbeing of the accused person and discuss risk management, but the referral will still not be accepted until the accused person has been informed.

- 8.5.3 In cases where Magpas removes a person in a position of trust from employment (or would have if the person had not left first) because they pose a risk of harm to adults, they must make a referral to the DBS.
- 8.6 Investigation should take place in accordance with the HR Disciplinary Policy and Procedure.
- 8.7 Magpas needs to take account of the welfare of both the person who has been accused and the potential victim. Immediate safeguarding actions should be taken to safeguard victims as per this policy and the accompanying Standard Operating Procedure. The accused person should be made aware of sources of support and advice.
- 8.8 The Care Quality Commission will need to be informed of cases of abuse that occur within the organisation.

9.0 Timescale of reporting

- 9.1 Any case of suspected abuse should be reported to the Safeguarding lead within 24 hours through HEMSbase or via mail (safeguarding@magpas.org.uk) A patient report form with details of a case of suspected abuse will be passed on to the Safeguarding lead, who will act as soon as possible and within 10 working days of the event.
- 9.2 In addition to a safeguarding concern being raised, the Safeguarding Lead reviews all records on HEMSbase on a routine basis for safeguarding or vulnerability concerns.
- 9.3 The Safeguarding Lead will provide a report of reviews and referrals to the Magpas Clinical Governance Committee on a monthly basis. Any issues requiring more urgent discussion will be raised with the Medical Director.

10.0 Follow up

- 10.1 Once the team have notified the relevant SPOC, they can be confident that this will feed into the relevant social services referral processes. SPOC receive feedback and EEAST are regularly contacted by social services following referral if additional information is required. The Magpas Safeguarding Lead is the point of contact for Ambulance Service Safeguarding Leads for the provision of feedback. This will be passed on to the Clinical Governance Committee.

11.0 Support

- 11.1 The Magpas team member should speak to the Safeguarding lead if they require a debrief or support regarding a specific case of suspected abuse. In particular, Magpas must be made aware if the team member feels they are suffering any form of harassment from the suspected abuser, or friends or family of the suspected abuser.
- 11.2 If the social services or other agency wish to speak to a referrer directly regarding a particular case the Safeguarding Lead will act as the liaison. If necessary, the Medical Director or the Safeguarding Lead would accompany the referrer to an interview.

Appendix 1: Contacts

East of England Ambulance Service Single Point of Contact

0345 6026856

East Midlands Ambulance Service Single Point of Contact

0115 9675098 (for enquiries)

(NB referrals to EMAS SPOC need to be via written form available in the operations room or on Oak. These should be placed in the shift pack and emailed by the Governance Officer to EMAS via nhs.net email).

Cambridgeshire Multi-Agency Safeguarding Hub (Adults):

0345 0455202

(0800-1800 Mon-Fri, 0900-1300 Sat)

01733 234724

(Out of Hours- if someone is in danger and unable to protect themselves or cannot remain in the community without immediate intervention)

Referral Form:

<https://safeguardingcambspeterborough.org.uk/concerned/>

Email completed forms to: referral.centre-adults@cambridgeshire.gov.uk

Cambridgeshire Multi-Agency Safeguarding Hub (Children)

0345 0455203

(0800-1730 Mon-Thu, 0800-1630 Fri)

01733 234724

(Out of Hours Emergencies)

Referral form:

<https://safeguardingcambspeterborough.org.uk/concerned/>

PiPoT Referrals (adults)

PIPOT@cambridgeshire.gov.uk

01480 379019

LADO Referrals (children)

lado@cambridgeshire.gov.uk

01233 727967

Disclosure and barring service (DBS)

To check eligibility for a DBS standard or enhanced check:

<https://www.gov.uk/find-out-dbs-check>

Guidance & Referral form regarding barring referrals:

<https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>