THAMES VALLEY AIR AMBULANCE

SAFEGUARDING ADULTS POLICY
OP009

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1. INTRODUCTION

Optimum practice in recognising and protecting adults at risk from significant harm and abuse is most effective by using a multi-agency approach, and staff can play an immediate role in progressing matters by alerting the relevant authorities. Thames Valley Air Ambulance (TVAA) safeguarding structure is designed to support and embed practice in collaborating with professional colleagues and ensure staff are familiar with national guidance. It should be remembered that safeguarding practice can be applied to anyone who comes into contact with the service.

This policy offers a mechanism and practice guidance to enable staff to raise any concerns which are then reported to the appropriate agency, most usually the local authority Social Care department, for consideration of further action. It should be emphasised that the role of TVAA is not to investigate concerns but to ensure that they are passed to the relevant agency to action accordingly.

Department of Health guidance emphasises that safeguarding adults is a core responsibility of the NHS. This policy sets out the commitment of the Charity to safeguard adults and outlines how we will deliver our responsibilities in adherence to DH guidance (March 2011), Safeguarding Adults (ADASS 2005), and the Care Act 2014, which replaces the "No Secrets" guidance.

It should be recognised that many situations where it is beneficial to bring a patient's circumstances to the attention of the local authority social care department, may not constitute a safeguarding issue in terms of the definitions used in this policy. That should not detract from a concern being made providing consent has been obtained, when an adult is unable to contact the local authority directly themselves as this will enable social services to take a view on what action, if any, needs to be taken.

2. PURPOSE

2.1 To ensure that all TVAA employees, volunteers and contractors are aware of their responsibilities to uphold the welfare and rights of adults at risk, and to fulfil their professional responsibilities to take action to prevent them from experiencing neglect, harm or abuse.

2.2 To ensure that all TVAA employees, volunteers and contractors can recognise the signs of suspected neglect, harm or abuse and know how to report it in a timely manner.

3. SCOPE

3.1 This policy applies to all staff, contractors and volunteers who work for, in conjunction with or on behalf of TVAA, including those staff, observers and visitors who may not come into direct contact with patients.

4. DEFINITIONS

4.1 Safeguarding

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

The duty of healthcare workers for safeguarding, defined by the Care Act (2014) apply to adults who have care and support needs, is experiencing, or at risk of, abuse or neglect or as a result of care and support needs is unable to protect themselves from the risk of, or experience of abuse or neglect.

The importance of beginning with the assumption that the individual is best placed to make judgments about their own wellbeing cannot be over emphasised. Building on the principles of the Mental Capacity Act 2005, practitioners should assume that the person themselves knows what is in their best interests in relation to outcomes, goals and wellbeing.

For the purpose of this policy and clarity of definitions, the term safeguarding refers to the process of protecting vulnerable adults from abuse. Furthermore, the term adult, as defined by the Law Commission, refers to a person aged 18 years or over.

4.2 Categories of abuse

As defined by the Department of Health No Secrets guidance (2000), abuse may consist of a single or repeated act, which may be physical, verbal or psychological. It can be an act of

neglect or an omission to act. The No Secrets guidance gives consensus definitions on the different forms of abuse. Further information on these is available at appendix one.

5. RESPONSIBILITIES

5.1 Board of Trustees

To scrutinise and ensure safeguarding obligations are met. The Board of Trustees also ensures that safeguarding remains integral to TVAA and is not compromised by operational or financial pressures.

5.2 Chief Executive Officer

To provide executive leadership for safeguarding across the organisation, ensuring safeguarding is a priority and a regular agenda item at a senior level and are accountable for the governance of safeguarding to the Board of Trustees, regulators and partners. Make referrals to the Independent Safeguarding Authority or its successors.

5.3 Director of Operations

Ensures operational implementation and adherence to this policy. To authorise the release of operational staff to contribute to external safeguarding investigations. TVAA Caldicott Guardian and will provide advice if required regarding release of records.

5.4 Safeguarding Lead

To ensure consistent and robust management of safeguarding requests via dedicated TVAA email tvaa.safeguarding@nhs.net. The Safeguarding Lead has two nominated deputies. The Head of Clinical Services and the Head of Compliance and Patient Safety.

5.5 Named Professional

Responsible for promoting good professional practice within TVAA, providing advice and expertise for fellow professionals, and ensuring TVAA is compliant with all safeguarding training requirements and that all staff receive the appropriate level of training. To ensure that records are kept on the required training statistics.

Named Professional for TVAA is Hannah Bryan – Head of Compliance & Patient Safety (HCPC registered Paramedic)

5.6 Human Resources Department

TVAA's recruitment process follows that of the Safer Recruitment guidelines.

5.7 Operational Staff

Assess patient's safeguarding needs and in discussion with the patient where safe obtains their desired outcome and consent for raising a safeguarding concern and where appropriate complete safeguarding referrals about suspected neglect, harm or abuse; contribute to investigations as required and directed.

5.8 Workforce, Contractors and Volunteers

All staff and volunteers have a duty to act and respond to concerns about safeguarding in a timely manner and undertake safeguarding training to the required levels.

6. SAFEGUARDING GUIDANCE

6.1 Safeguarding Adults

Safeguarding adults is a process of measures taken to ensure that adults in need of care and support (as defined below) are supported to protect them from neglect and abuse.

The adult experiencing or at risk of abuse or neglect will thereafter be referred to as the adult in need throughout this policy.

From April 2015 safeguarding duties apply to an adult in need who;

- Has need 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
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

An adult in need of care and support is determined by a range of interconnected factors including personal characteristics, factors associated with their situation or environment and social factors.

Naturally, a patient's disability or frailty does not mean that they will inevitably experience harm or abuse.

In the context of safeguarding adults, the likelihood of an adult in need experiencing harm or abuse should be determined by considering a range of social, environmental and clinical factors, not merely because they may be defined by one or more of the above descriptors.

The Department of Health has agreed safeguarding principles, set out below, to ensure consistent standards in delivering safeguarding. The principles are seen as the foundation for achieving good outcomes for patients and should be used to build robust safeguarding processes.

6.2 Safeguarding principles

Principle 1 Empowerment - Presumption of person led decisions and consent
Principle 2 Protection - Support and representation for those in greatest need
Principle 3 Prevention - Prevention of neglect, harm and abuse is a primary objective
Principle 4 Proportionality - Proportionality and least intrusive response appropriate to the risk presented
Principle 5 Partnerships - Local solutions through service working with their communities
Principle 6 Accountability - Accountability and transparency in delivering safeguarding

6.3 The aims of adult safeguarding are to;

- Stop abuse and neglect wherever possible
- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Safeguard adults in a way that supports them in making choices and having control about how they want to live
- Prompt an approach that concentrates on improving life for the adults concerned
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult and address what has caused the abuse or neglect

6.4 Making safeguarding personal

Making safeguarding personal means it should be person led and outcome focussed.

It engages the person in a conversation about how best to respond to their safeguarding situation in a way that enhances involvement, choice and control. As well as improving quality of life, well-being and safety.

TVAA staff must where safe discuss safeguarding concerns with the adult in need, obtain their view of what they would like to happen as a result of raising a concern and ensure consent is obtained to raise the concern.

6.5 What are abuse and neglect?

There are different types and patterns of abuse and neglect and different circumstances in which they may take place. The Care Act 2014 identifies the following as an illustrative guide and is not intended to be exhaustive list as to the sort of behaviour which could give rise to a safeguarding concern.

The criteria for safeguarding adults in need will need to be met before the issue is considered as a safeguarding concern.

Physical abuse - including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence - including psychological, physical, sexual, financial, emotional abuse; so called "honour" based violence.

Sexual abuse - including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection 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 relating to 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. Traffickers and slave masters use whatever they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. Further information can be found at Modern slavery: how the UK is leading the fight. The Salvation Army support victims of modern slavery, and have a 24/7 helpline: 0300 303 8151.

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.

Self-neglect - this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

Incidents of abuse maybe one off or multiple and affect one person or more. Other types of abuse not listed in the Care Act (2014) are:

Forced marriage – A marriage conducted without the freely given consent of both parties where duress is a factor. Duress includes emotional pressure and the use of violence (Foreign and Commonwealth Office). There is a difference between an arranged marriage and a forced marriage. In arranged marriages, families arrange the match but the choice of whether or not to accept the arrangement remains with the individual. Arranged marriage is a valuable, long established tradition based on compatibility, consent and retaining

choice. In forced marriages, there is no choice. No culture or religion sanctions forced marriage.

Female Genital Mutation (FGM) – involves procedures that intentionally alter or injure female genital organs for non-medical reasons. The procedure has no health benefits for girls and woman. The FGM Act (2003) makes it illegal to practice FGM or take British Nationals to another country for FGM.

Radicalisation (including Prevent) – See Prevent.

Cyber-bullying – online bullying, via chatrooms and other forums. Cyber-bullying is linked to psychological abuse and grooming.

Mate/ Hate crime – where a person befriends a vulnerable person and acts as their friend in order to exploit them, for example, financially. Hate crime is where a person does something to hurt another person because of who they are, e.g. race, sexuality or disability.

6.6 Domestic abuse

In 2013, the Home Office announced changes to the definition of domestic abuse. Domestic abuse is defined as: incidents or patterns of incidents of controlling, coercive or threatening behaviour violence or abuse, by someone who is or has been an intimate partner or family member regardless of gender or sexuality.

Domestic abuse includes psychological, physical, sexual, financial, emotional abuse or so-called honour-based violence, female genital mutilation, forced marriage. The age range for domestic abuse has been extended to include 16-year olds.

Domestic abuse is by no means experienced only by adults in need; children will be affected by the behaviour of violence and abuse by adults in their home either directly or indirectly. Domestic abuse occurs across geographical boundaries, age, wealth, social status, gender and ethnicity.

Where domestic abuse is evident with children in the family, it is imperative that staff make a safeguarding children referral via the procedures set out in the safeguarding children policy, OP010, available on Radar, in all circumstances where a child(ren) is present when

the abuse took place; or where the child(ren) may reside at the property but is/are absent at the time of the incident.

Most incidents that crews attend involving domestic violence police will already be attendance. However, in some circumstances police will not have been called and therefore this policy sets out the considerations required by the crew. **The police should be contacted, via 999, if any immediate risks to a person(s) are identified.**

Guidance states that 'All health practitioners, whether working in emergency, acute, primary care or community health, have a professional responsibility, if you identify signs of domestic abuse or if things are not adding up, to ask patients alone and in private, whether old or young about their experience of domestic or other abuse, sensitively.' DH 2017

Following a disclosure of domestic abuse to a crew if the victim consents to the police being called then they should be contacted. This may include Honour based violence, forced marriage or FGM.

If a victim refuses to give consent for contacting the police, the following should be considered:

- If there are children living in the address, or the mother is pregnant, then a children's safeguarding referral can be made to social services without consent. It is best practice to inform the parents that this will be done but this is not necessary if you believe this will increase the risk.
- The victim should be encouraged to consent to the disclosure and you should make them aware of the risks of no disclosure.
- If you have assessed a victim of abuse to be at high risk of serious harm or homicide **then you will have grounds for sharing information in law.**
- This is not without risk as it is recognised that information sharing without consent risks losing trust and may endanger a person's safety.
- Clinicians will need to weigh the risks of sharing information or not by determining whether they are sharing with the aim of protecting someone. It is acceptable to share information if that is the case and you are not sharing data just to alert another agency to a problem.

- Information should also be shared 'in the public interest' if a disclosure is necessary for the prevention, detection or prosecution of serious crime, for example if others are at risk.
- If staff determine that they do not have grounds for sharing information with the police without consent then you should support the patient with information to make decisions in their own interests – for example, by providing details of agencies to support people who experience domestic violence. Adults who initially refuse offers of assistance may change their decision over time.
- Clinicians need to be able to justify a decision to disclose information in the public interest (or a decision not to disclose information) so it is important that you keep clear records.

It is recognised that these cases can be extremely challenging and support for decisions should be requested through the following people, including out of hours via the on-call manager system:

If a person is a victim of domestic abuse, they can be given details of Women's Aid or Mankind Initiative to contact when is safe to do so.

National Domestic Violence Helpline (including Woman's Aid)

- Availability: 24 hours a day
- Phone: (freephone) 0808 2000 247
- Website:www.nationaldomesticviolencehelpline.org.uk / www.womensaid.org.uk

ManKind Initiative

- Availability: Weekdays, 10am – 4pm
- Phone: 01823 334 244
- Website:www.mankind.org.uk

6.7 Prevent

Prevent is the UK Government national counter terrorism strategy, which aims to reduce the risk from national and international terrorism, through preventing people becoming terrorists or supporting terrorism related offences. Prevent covers all forms of terrorism and/ or extremism, and some aspects of non-violent extremism. For example;

- Al-Qaida influenced groups
- Environmental extremism
- Animal rights extremism
- Faith based influenced groups
- Extreme right wing political groups
- Republican or loyalist Irish groups

The Home Office works with local authorities, a wide range of Government departments, and community organisations to deliver the Prevent strategy. The police also play a significant role in Prevent, in much the same way as they do when taking a preventative approach to other crimes. In order to achieve this, there are five national strategic objectives;

1. Challenge the ideology behind violent extremism and support mainstream voices
2. Disrupt those who promote violent extremism and support the places where they operate
3. Support individuals who are vulnerable to recruit or have already been recruited by violent extremists
4. Increase the resilience of communities to violent extremism
5. Address grievances that ideologies are exploiting

Staff may observe or identify particular behaviours or actions of individuals during the course of day to day operations. Although not exhaustive, the following list gives examples of such behaviours;

- Graffiti symbols, artwork or other written material promoting violent extremist messages (including but not limited to a patient's belongings or home environment)
- Patients/ staff accessing violent extremist material online (including but not limited to social networking sites)
- Parental/ family/ friends' disclosure of changing behaviours, friendships or actions
- Patients voicing opinions pertaining to violent or extremist ideologies or narratives
- Use of extremist or hate terms to incite violence or exclude others
- Harmful influences on vulnerable individuals (adults and children) from any source
- Inappropriate use of TVAA internet, social media and other media by staff members

Where staff identify or have concerns about any person(s), including patients, staff and public, with regard to Prevent indicators, a safeguarding referral form must be completed

capturing all relevant information, via the safeguarding tab on HEMSbase. A follow up email as soon as practicable to safeguarding@scas.nhs.uk.

If any staff member has concerns of a Prevent nature regarding any individual working for TVAA (including contractors), these should be emailed to tvaa.safeguarding@nhs.net. These concerns will then be passed to the relevant authorities to support the individual concerned.

It is important to remember that reporting any individual through Prevent is not making them criminal. Both local authorities and the police have processes in place to support these individuals outside of the criminal process. Further information on Prevent is available in the Government revised duty guidance on Prevent and the Department of Health guidance for healthcare workers.

6.8 Mental Capacity and Consent

TVAA is committed to ensuring patients are at the centre of the decisions made about their care and steps are taken to protect and empower patients under the Mental Capacity Act (2005).

The presumption is that adults have the mental capacity to make informed decisions about how they live their lives. The presumption that an adult has made an unwise decision, which may put them at risk, does not mean that the person lacks capacity. In the context of safeguarding adults, it is essential to consider whether the patient has capacity to give informed consent.

There will be situations when the adult at risk has the mental capacity to make informed decisions about their safety and decides that they do not want any intervention to take place.

This must be respected unless:

- There is a public interest, i.e. not acting will put other adults or children at risk, or
- There is a duty of care to intervene, e.g. a crime has been committed

If an adult at risk does not have the capacity to make informed decisions about their safety and they do not want any action to be taken, staff have a responsibility to act in the

patient's best interest as described in the Mental Capacity Act Code of Practice. If necessary immediate action should be taken to manage the risk and a referral should be made accordingly as outlined at 5.16 of this policy.

Further information can be sought from Policy and Procedure for Consent to Examination or Treatment OP008, available on Radar.

6.9 Mental Health

In the context of safeguarding adults, staff should be mindful that patients who have mental health needs including dementia or a personality disorder are considered to be vulnerable adults. Issues should be considered under safeguarding practice and a referral made where appropriate.

6.10 Carers

People receiving care and carers have the same rights to an assessment on the appearance of needs, regardless of what the local authority think is the level of their need and regardless of their financial resources.
Section 20 of the Care Act provides a new legal entitlement to support for carers. If a carer is ordinarily resident or present in the local authority's area and their needs meet the eligibility criteria, the local authority has a duty to meet the carers need for support.

If a carer is deemed to have eligible needs, the local authority should prepare a "support plan". The support plan must help the carer decide how their needs should be met and which (if any) would be met by direct payment i.e. direct payments can be provided to carers.

6.11 Safeguarding children

Operational staff should be mindful of this when attending calls of this nature that they may be the first agency to become aware of the risk to the patient and can initiate the work with other agencies to safeguard the child at risk. Cases of domestic abuse perpetrated against an adult at risk may warrant immediate request for the police to attend.

Staff should refer to the Safeguarding Children Policy OP010, available on Radar.

6.12 Procedure for adult safeguarding and welfare referrals

Safeguarding referrals

Staff who have concerns that an adult in need is at risk or has been abused **must** raise a safeguarding concern. Appendix one outlines the process to follow for raising a safeguarding or welfare concern.

Where a safeguarding referral is being made for a patient, the safeguarding tab of the electronic patient record (HEMSbase) should be completed, with as much detail as possible. Once complete, this will automatically send a secure notification to the TVAA nhs.net email. Further detail on how referrals will be processed is outlined in appendix one. A copy of the adult safeguarding referral form is available at appendix two.

Consent **should** be gained for safeguarding referrals, or document why it could not be obtained. If it is not possible and the adult or others are at risk, it may be necessary to override the requirement for consent, based on the best interests of the patient. If the patient is considered to lack capacity, staff must complete a capacity assessment and record it on the electronic patient record (HEMSbase).

The Safeguarding Lead (or nominated deputy in their absence) will check the TVAA Safeguarding secure email account for safeguarding notifications, review these and make the referral to the appropriate local authority. Once a referral is received, the local authority will consider making an enquiry. An enquiry should establish whether any action needs to be taken and if so, by whom. This could range from an informal conversation with the adult in need to a more formal multi agency discussion. Enquiries do not have to follow a formal safeguarding process.

If the safeguarding lead determines that there is insufficient information to make a referral then they will follow up with the crew raising the request prior to any referral being made.

The safeguarding lead will also review all calls attended on HEMSBase to check for 'missed referrals.'

There are two different types of enquiries depending on the characteristics of the adult in need. If the adult in need fits the criteria in section 5 (section 42 of the Care Act) then the local authority are required by law to conduct enquiries. These will be referred to as "Statutory Safeguarding Enquires".

Local authority will sometimes decide to make safeguarding enquiries for adults who do not fit the criteria. These enquiries are not required by law and therefore will be referred to a "Non-Statutory Enquiries".

Feedback on each safeguarding referral will be sought from the local authority via the Safeguarding Lead and feedback passed to the referring crew if received.

Welfare referrals

Staff often come into contact with adults in need who have not been subject to neglect or abused but are in need of care and support with activities of daily living. To raise a welfare concern, staff need to discuss with the patient, whether they want the matter referred to the local authority, and if so, what outcomes they would like from this referral. Consent **must** be gained for welfare referrals.

Welfare referrals should be completed in the same manner as safeguarding referrals, as detailed in appendix one.

6.13 Access to support

Staff can access advice and support in a number of ways;

Advice:

- Via Safeguarding Lead (M-F 0900-1700)
- Clinical Shift Manager on call 24/7
- Senior On Call Manager (SMOC) – on call 24/7
- Named Professional

Support

- Clinical Shift Manager on call 24/7
- Senior On Call Manager (SMOC) – on call 24/7
- Via Occupational Health
- Via the confidential Employee Assistance Programme

In addition, staff can email the Safeguarding Lead for expert advice or information on policy and procedures at tvaa.safeguarding@nhs.net

TVAA is provided with external safeguarding support through the Ann Craft Trust. https://www.anncrafttrust.org/help-advice/

The Ann Craft Trust can be contacted through the Safeguarding Lead.

6.14 Referral process for non-clinical staff

TVAA recognise the need for non-clinical, non-patient facing staff (e.g. fundraising staff, volunteers and office staff) to have a mechanism to report safeguarding concerns that may arise through the course of their normal duties.

The overarching principles of referral should follow the processes outlined in appendix one. Where it is believed a crime has been committed, the police should be contacted immediately via the 999 system.

Details of any safeguarding concerns from non-clinical staff should be emailed directly to tvaa.safeguarding@nhs.net The Safeguarding Lead will then make the referral direct to the relevant local safeguarding board and obtain feedback as appropriate.

Advice and support for non-clinical staff should be obtained via the TVAA Safeguarding lead in the first instance.

7. ALLEGATIONS MADE AGAINST EMPLOYEES

TVAA will take all necessary measures to ensure that it recruits staff who uphold the principles of the Children Act 2015 and Care Act 2014. However, it is acknowledged that some staff may conduct themselves in a manner that is at odds with TVAA policy and legislation, in this instance the TVAA will treat all allegations against staff seriously.

When an allegation is made about a member of staff at TVAA should follow and investigate it under the Disciplinary Procedure HR004.

The manager who has been alerted to the allegation against a member of staff has responsibility to ensure that the appropriate course of action is taken without delay, giving consideration to the following:

- Suspend the member of staff from regulated activity, for example, patient facing duties. Ensure that any staff or volunteer who has caused risk or harm is not in contact with patients and others who may be at risk, for example, whistle-blowers
- TVAA will ensure that all allegations of neglect or abuse against members of staff (including staff on fixed term contracts, temporary staff, locums, agency staff, volunteers, students and trainees) are referred according to local multi-agency safeguarding procedures and the Head of / Designated Nurse for Safeguarding Children/Adults within the CCG is informed immediately (via SCAS).
- Additionally, will ensure that all safeguarding concerns relating to a member of staff are effectively investigated and that any disciplinary processes are concluded irrespective of a person's resignation and that "compromise agreements" are not allowed in safeguarding cases. Where a member of staff resigns prior to the conclusion of such proceeding's consideration should be given to the need for a referral to registration bodies (e.g. General Medical Council (GMC), Nursing & Midwifery Council (NMC)), Health and Care Professions Council and the Disclosure and Barring Service.
- Notify the Safeguarding Lead via email and phone tvaa.safeguarding@nhs.net
- Where appropriate the Safeguarding Lead will advise on referring the case to the police if the suspected abuse is a crime. In cases of emergency, the police must be alerted using the usual channels (999)
- Notify the relevant local authority safeguarding board (via Safeguarding Lead)
- Commence internal investigation (serious incident requiring investigation)
- Inform the Care Quality Commission (CQC)
- Inform the member of staff as they have a right to know in broad terms what allegations or concerns have been made about them
- Support member of staff through Employee Assistance Programme
- Maintain a high level of confidentiality

7.1 Support for staff involved safeguarding allegations

TVAA recognises that an allegation of this nature can have a profound effect on the member of staff.

As such, TVAA will provide support to staff whom allegations have been made against, in accordance with advice from the relevant social services department and the police so as not to jeopardise the investigation.

The member of staff will be treated with respect and honesty in all matters and confidentiality will be maintained on a need to know basis.

8. INFORMATION SHARING

The Data Protection Act, 1998 and General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) and Care Act 2014 enable information to be shared to safeguard adults in need. Failing to do so may result in abuse going undetected or prolonging the suffering of patients.

Early sharing of information is the key to providing an effective response where there are emerging concerns. TVAA staff should raise a safeguarding concern at the earliest opportunity, via the processes outlined at 5.16 of this policy. Information sharing between statutory organisations is fundamental to safeguarding adults at risk. Confidentiality should not be confused with secrecy that is the need to protect the organisation over the need to protect the patient.

TVAA should obtain the adult's consent to share information and should explain what the information will be used for, wherever possible.

The following principles should be followed:

- The information should be necessary for the purpose for which it is being shared
- Shared only with those who need it
- Be accurate and up to date
- Be timely
- Shared securely

8.1 Sharing information without consent:

If the risk presented by the perpetrator is high, consideration can be given to sharing information without the consent of the parent/ carer of the child in need. This is supported by Data Protection Act 1998 (schedules 2 and 3), General Data Protection Regulation (GDPR) (Regulation (EU) 2016/679) the Crime and Disorder Act 1998, the Human Rights Act 1998 and the Care Act 2014.

TVAA has governance arrangements in place which sets out the principles for sharing information between each other and other professionals.

No-one in TVAA should assume that someone else will pass on information which they think may be critical to the safety and wellbeing of the adult. If you have concerns about the adult and believe they are suffering or likely to suffer abuse or neglect, then they should share the information with the local authority and/or the Police if they believe or suspect that a crime has been committed.

If your concern is that an adult has welfare needs and there is no abuse or neglect consent must be obtained from the adult or career to raise your concern. If this is not provided, then you should respect their wishes and advise *them* to contact social services or other agency directly for support.

8.2 Other agencies

If an adult has been neglected or abused, you need to consider whether a crime has potentially been committed. If so, Police should be called immediately to protect evidence and undertake the necessary investigations. The police should not just be requested for obvious crimes but also the more subtle neglect cases, for example when there has been severe neglect to provide care.

This should only be undertaken following discussion with the adult in need and having obtained their consent.

TVAA is required to undertake or participate in a number of statutory reviews when particular circumstances arise, these include;

- Domestic homicide reviews: convened by the local community safety partnership when the defined criteria have been met following the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect;
- Safeguarding adult review: convened by a Safeguarding Adult Board for every case where an adult has died from, or experienced serious abuse or neglect, and there is reasonable cause for concern about how agencies and service providers involved worked together to safeguard the person.

TVAA also provides information when requested on our involvement with individuals to support the safeguarding work undertaken within Multi Agency Safeguarding Hubs (MASH) and Multi Agency Risk Assessment Conference (MARAC).

9. WHISTLEBLOWING

Employees who have concerns about a colleague's conduct in their personal life or their professional practice, in the context of safeguarding, should report this under the Whistle-blowing Policy HR001, available on Radar.

Employees are entitled to protection under the Whistle-blowing Policy HR001 and the Public Interest Disclosure Act 1998.

10. TRAINING AND SUPERVISION

Current guidance means that TVAA specify safeguarding children and adults in need training as mandatory. Training should take place at all levels of TVAA and be updated regularly to reflect best practice. TVAA will ensure that all staff receive training that is appropriate to their level of responsibility.

All Staff - Basic Mandatory- awareness training, with respect to awareness that abuse can take place and duty to report.

Clinical Staff - Detailed awareness- recognition of abuse, responsibilities and TVAA policy, procedures.

For local managers and safeguarding leads - Specialist training

TVAA will align these levels to the child levels for easy reference. Basic Mandatory- Level One, Detailed Awareness- Level Two, Specialist- Level Three/Four.

Training is a continuing responsibility and TVAA will provide a rolling programme of safeguarding training in line with best practice and guidance.

If it is noted that further actions could or should have been undertaken by staff i.e. missed referral, staff will be provided with a Staff Safeguarding Action Plan (appendix three) to

address the issues. The plan will outline the reasons for the action plan and what learning, or development needs to take place.

Further details on supervision are provided in the Safeguarding Supervision Policy.

11. MONITROING AND GOVERNANCE

TVAA is regulated by the Care Quality Commission (CQC) who have devised 'Essential Standards for Quality and Safety', of which safeguarding is one aspect. Strong governance is fundamental to enable the Charity to comply with requirements set out by the Department of Health and CQC so as to challenge existing arrangements and ensure robust safeguarding procedures, which should reflect current best practice and encompass learning from any incidents the Charity may have been involved in.

The CQC has the authority to take enforcement action against organisations that do not comply with the Essential Standards.

As such safeguarding adults' activity will be reported to the board bi-monthly and scrutinised by the Director of Operations. This provides a mechanism to improve practice ensuring appropriate outcomes for patients and carers are achieved.

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

12. EQUALITY IMPACT STATEMENT

12.1 Thames Valley Air Ambulance is committed to ensuring that, as far as reasonably practicable, the way we provide services to the public and the way we treat out staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

12.2 Equality impact must be considered when developing a new or amending an existing policy. If it is considered that there may be an impact, then an Equality Impact Assessment should be undertaken (as below). If it is considered that there will be no

impact, then this should be stated within the policy to evidence that a dynamic EIA has been undertaken.

12.3 This policy has been assessed accordingly in line with the Equality Impact Screening Tool and is not considered to impact upon the groups outlined within the tool.

Equality Impact Screening Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval for service and policy changes/amendments.

Stage 1 - Screening			
Title of Procedural Document: Safeguarding Adult Policy OP009			
Date of Assessment	28/02/2018	**Responsible Department**	Operations Department
Name of person completing assessment	Gavin Casey	**Job Title**	Head of Clinical Services

Does the policy/function affect one group less or more favorably than another on the basis of:		
	Yes/No	**Comments**
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including gypsies and travelers)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	No	
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2		

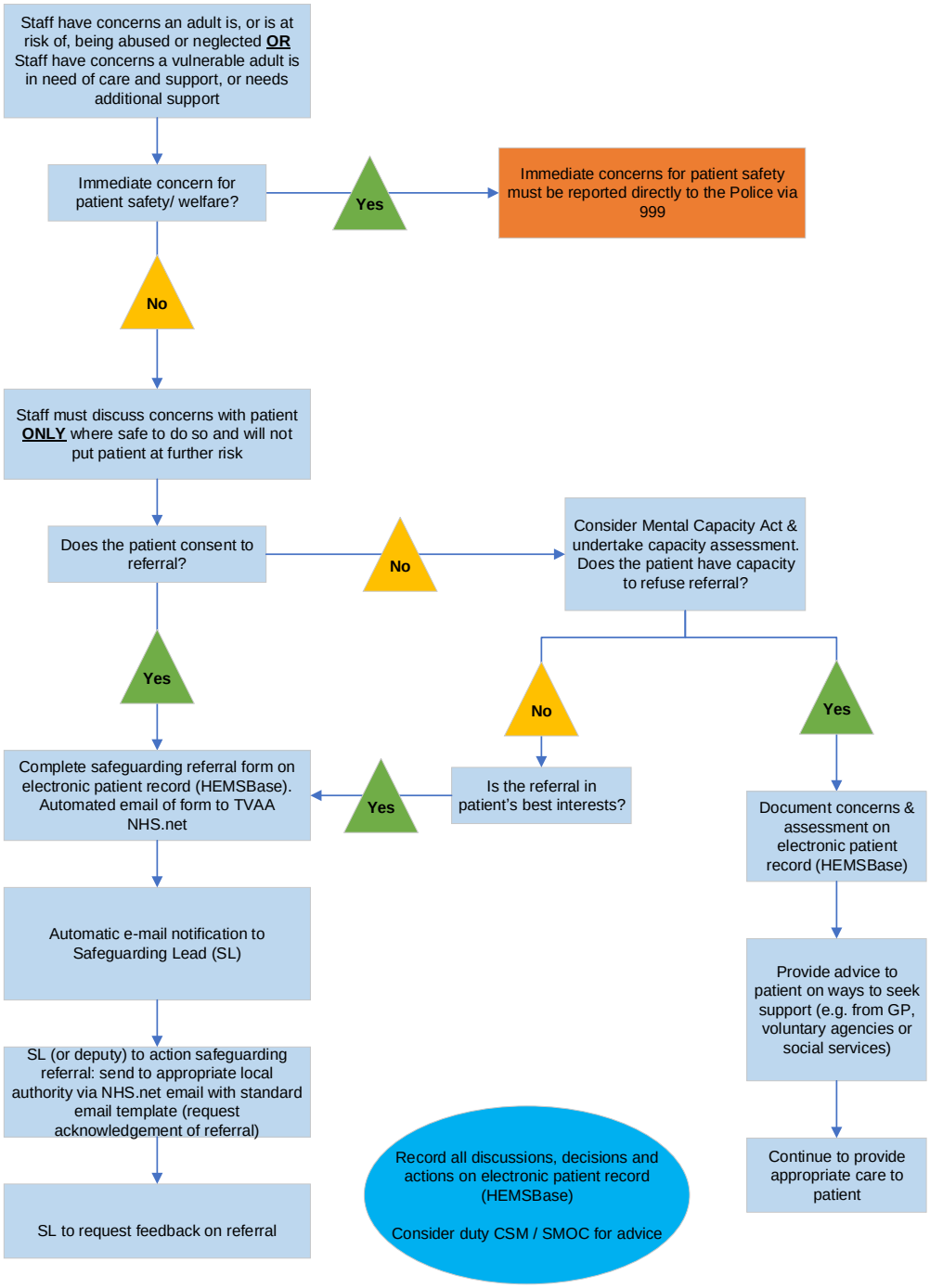
More Information can be found be following the link below www.legislation.gov.uk/ukpga/2010/15/contents		

Stage 2 – Full Impact Assessment			
What is the impact	**Level of impact**	**Mitigating actions** **(what needs to be done to minimise / remove the impact)**	**Responsible manager**
Monitoring of actions			
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level (CEO and Director level)			

[1] Protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation, Equality Act 2010.

[2] Safeguarding Adults: The role of Health Service Managers and their Boards; DH 14.03.201

Appendix 1; Adult safeguarding and welfare referral process



Appendix 2; OP009
SAFEGUARDING ACTON PLAN FOR STAFF

Reason for action: ☐ Missed referral	☐ Insufficient information	☐ Learning need identified	☐ Other (state)
Further information case no:			
CAD no:			
Date of call:			
Issues identified:			
Safeguarding Name:			
Date sent:			

Points to be covered with staff:

How points have been addressed (Need to provide evidence for each point. To be completed by local manager): **Date completed:**

Staff comments:

Staff follow up/review to confirm all actions have been completed (to be completed by local manager):

Safeguarding Lead/ Clinical Shift Manager name: _____

Signed: _____

Date: _____