Safeguarding Policy and Procedures for Children, Young People and Adults

Version:	V5
Name of originator/ author:	Philip Tremewan Safeguarding Consultant Gareth Knowles Safeguarding Lead Emma Ray Specialist Safeguarding Practitioner Jenny Churchyard Specialist Safeguarding Practitioner
Responsible management group:	Safeguarding Sub Group
Directorate/team accountable:	Quality and Nursing

Policy and Procedure:	
Approved by:	SMG
Date approved:	06/06/2023
Fit for purpose according to:	Safeguarding Management team
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Quality Impact Assessment		
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Acting with Integrity   **Demonstrating Compassion and Respect**   **Taking Pride**
Striving for Continuous Improvement   **Assuming Responsibility**

Document Control

Formal approval:

Final approval by:	Senior Management Group (SMG)	
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Review/comments:

Person/ Committee	Comments	Version	Date
Specialist Safeguarding Practitioners	Review of and merge of policy and procedure.	V1	01/11/2022
Frequent Caller Lead	Review of Frequent caller element of the policy.	V1	05/11/2022
Freedom to Speak up Guardian	Review of Freedom to Speak up element of the policy, changes made to team name.		15/11/2022
Safeguarding Coordinator/ECSW	Review of Policy and Procedure	V1	17/11/2022
Emma Ray Specialist Safeguarding Practitioner	Adding in comments from Surrey Integrated Care Board Safeguarding Adults Nurse	V1	17/11/2022
Safeguarding Lead/HCP Consultant for Safeguarding/Specialist Safeguarding Practitioner	Review of Policy and Procedure	V2	18/11/2022
Specialist Safeguarding Practitioner	Reformatting	V3	24/11/2022
Head of Integrated Governance IUC/999	Checking document - no changes made.	V4	05/12/2022

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External Stakeholders	

Review Due by responsible Management Group:

Period	Every three years or sooner if new legislation, codes of practice or national standards are introduced	Date: 06/06/2026

Record Information:

Safeguarding Policy and Procedure V5

June 2023

Security Access/ Sensitivity	Official (Public Domain)
Where Held	Corporate Records Register
Disposal Method and Date	In line with national guidelines

Contents

1. Safeguarding Policy Principles and Scope

1.1.   The primary purpose of this document is to assist all staff, students, apprentices, volunteers and visitors within South East Coast Ambulance Service NHS Foundation Trust (SECAmb) to be aware of their role and responsibilities in safeguarding and promoting the safeguarding of children, children looked after, young people and adults at risk. Throughout the rest of this document all the aforementioned roles will be referred to as 'staff'.

1.2.   The associated procedures are aimed at supporting all Trust staff that have direct or indirect contact with patients, where concerns are raised around patient safety and wellbeing. However, irrespective of the source of information, any member of Trust staff identifying a vulnerable person potentially at risk should follow the Trust's referral procedures by completing a safeguarding referral (child/adult at risk form via the Datix platform). The procedures must be followed by all Trust staff (this also includes private ambulance providers (PAP) and agency staff working directly on behalf of SECAmb).

1.3.   The procedures within this document will enable the Trust to fulfil its relevant legislative duties as determined by The Children Act 1989/2004 and The Care Act 2014.

1.4.   The Trust commits to working in partnership with other agencies including Local Authorities, Police and other Health Care Partners.

1.5.   The Trust is committed to the principles and activities which monitor, review, learn from, support and promote safeguarding.

1.6.   This policy sets out the key arrangements for safeguarding and promoting the welfare of children and adults. Given the nature of safeguarding children, young people and adults this is not a definitive document and should be read in conjunction with other documents and training provided by the Safeguarding Team.

1.7.   Staff must always adhere to SECAmb policy and procedure. The safeguarding team, who manage all referrals and provide support to SECAmb staff are aware of the relevant local multi-agency safeguarding policies and procedures, and any strategies specific to safeguarding or in respect of relevant services.

1.8.   The Executive Director of Quality & Nursing is the Board level named individual to oversee safeguarding children and adult responsibilities.

1.9.   The Trust will seek to increase staff awareness of matters appertaining to safeguarding children and adults through the provision of information, education, and training programmes.

1.10.   The Trust will monitor the effectiveness of the policy via audit and reporting to the Trust Board via the Safeguarding Sub Group (SSG. The Safeguarding Sub Group has agreed terms of reference that highlights its responsibility.

1.11.   This policy applies to all staff, as defined above, working for the Trust regardless of their role or position within the organisation.

1.12.   This policy is Trust specific and works alongside local multi agency Safeguarding Policy & Procedures.

1.13.   The Trust believes that all children and adults have a right to be safeguarded from harm and exploitation regardless of their:

- Race, religion, first language or ethnicity

- Gender or sexuality

- Age

- Health or disability

- Location or placement

- Any criminal behaviour

- Political or migration status

1.14.   The Trust is committed to promoting a culture where staff can raise concerns about safeguarding issues and will be supported in doing so. Raising concerns at work (Whistle Blowing Policy) procedures are available via the Trust intranet sit and linked in the resources section of this document.

1.15.   Compliance to the policy can be scrutinised by Local Safeguarding Boards and Partnerships who have a statutory duty to monitor how organisations are discharging their duties under section 11 of the Children Act 2004, Care Act 2014.

1.16.   Staff have a duty to report in a timely way any concerns or suspicions that a child or adult at risk is being abused.

2.   Definitions

2.1.   Children are defined as anyone who has not yet reached their 18th birthday (Children Act 2004) and for the purpose of this policy in line with local multi-agency Child Protection and Safeguarding Policies include the unborn child. 'Children' therefore means 'children and young people'

throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate for children and young people, does not change their status or entitlement to services or protection under the Children Act 1989" (Working Together 2018). An adult is classed as anyone aged 18 or older.

2.2.   Safeguarding and promoting the welfare of children is defined in Working Together (2018) as:

- Protecting children from maltreatment.

- Preventing impairment of children's health or development

- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care; and

- Taking action to enable all children to have the best outcomes.

2.3.   The Care Act 2014 is the statutory framework for safeguarding adults. With the new legislation, the term 'vulnerable person/adult' is no longer used.

- As defined in the Care Act (2014) the safeguarding duties apply to an adult 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

- 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.

2.4.   Under section 31(9) of The Children Act 1989 as amended by the Adoption and Children Act 2002:

- 'Harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another.

- 'Development' means physical, intellectual, emotional, social or behavioural development.

- 'Health' means physical or mental health; and

- 'Ill treatment' includes sexual abuse and forms of ill-treatment which are not physical.

3.   Procedure on Making a Safeguarding referral

3.1.   If the concern is in relation to a member of senior SECAmb staff, support should be sought in the first instance from their line manager and the safeguarding team (urgent.safeguarding@secamb.nhs.uk) directly if this is not an option for any reason, then alternative sources of support may be the Trust Wellbeing hub (wellbeinghub@secamb.nhs.uk), HR and the Freedom to speak up service (FTSUG@secamb.nhs.uk) .

3.2.   For concerns relating to members of the public who are not SECAmb patients, search for the relevant Adult/Child social care team to make a direct referral to the appropriate area team. Guidance can be sought from the safeguarding team. SECAmb safeguarding referral forms should be completed where the subject of referral is directly linked to a SECAmb incident, for example, the patient, patient's child or partner.

3.3.   If staff have safeguarding concerns outside of the workplace, such as for a friend, neighbour or in another workplace they should access support via the relevant local authority website, NSPCC or, appropriate policy and procedure if another workplace, not via SECAmb pathways.

3.4.   Professionals working in universal services have a responsibility to identify the symptoms and triggers of harm, abuse and neglect, to share that information and work together to provide children, young people and adults at risk with the help they need.

3.5.   Guidance for Trust Staff completing safeguarding referral forms

3.6.   Trust staff can become aware of potential concerns from a variety of sources. These can include via a 999 call into the Emergency Operations Centre (EOC), NHS111 calls and operational staff (SECAmb), PAP and HEMS) attending patients. Concerns may be raised from a direct disclosure from the person concerned, disclosure by a third party, or from overt signs such as physical injury or the environment in which the patient lives (e.g. the story given for an injury may be inconsistent with what is observed or very poor hygiene standards/hoarding behaviours/self-neglect).

3.7.   Safeguarding concerns can also relate to situations where others, who are providing care (paid, or unpaid) may be neglecting the needs of a person, or causing physical harm etc. through their actions, or through their failure to act to keep a patient safe. These can include the actions of other care providers, or care delivered by SECAmb staff.

3.8.   Social Care concerns relate to incidents where people may require care or support in the home either because of increasing care needs or social deprivation.

3.9.   Observations about the condition of other adults or children in the household/environment might suggest risk (e.g. being exposed to domestic abuse, carers suffering from a mental health crisis or struggling with substance misuse). Staff may observe hazards or find signs of distress shown by others in the home. These may alert Trust staff to potential abuse or patients in need of safeguarding.

3.10.   Trust staff may often be the first or only professionals in contact with the patient and the actions taken and accurate recording of information may be crucial to subsequent referrals or enquiries.

3.11.   Staff should be mindful that they don't investigate concerns. The responsibilities for ambulance staff are to be aware of the signs of potential abuse, take a clear and appropriate history, document all concerns in a factual manner and escalate concerns. It is appropriate to apply professional curiosity and seek further information to support a referral.

3.12.   Should immediate intervention be required from either Police or Social Care, they should be called directly from scene or via EOC. All Social Care contact numbers, both office and out of hours, for the Trust areas can be found on SGR-3 paper Safeguarding Referral forms and in the Content Locker on iPads. Safeguarding concern information should always be passed to hospital staff on handover and a safeguarding referral completed.

3.13.   In the case of a non-conveyance or hear and treat disposition, consider whether there is a need to handover concerns to the GP or other primary care provider and complete a safeguarding referral.

3.14.   In the event of difficulties in communications with other agencies, staff should consider escalation to Safeguarding On Call (Appendix H).

3.15.   Consent should always be sought where possible if there are concerns including dependents of the patient. There may be exceptional circumstances where consent may not be patient's best interests, e.g when seeking consent could further increase the risk of harm to the person. See Appendix C.

3.16.   In the event of Trust staff having concerns where alerting a potential abuser of the concerns would likely increase risk (e.g. in a case of Modern slavery, Prevent or a victim of Domestic Violence, where the abuser could abscond with the person of concern) It is usually preferable to raise concerns without seeking consent and seek urgent advice from a senior clinician. Wherever possible the person at risk should be removed to a place of safety.

3.17.   Trust staff should take a thorough history, taking particular note of any inconsistency in account and any unexplained/significant delay in calling for assistance. They should ask open questions, ideally away from any

potential abusers, allowing opportunity for the patient to disclose abuse and making a full assessment including checking for marks/injury which may indicate non accidental injury. It is important not to ask leading questions and avoid bias.

3.18.   Staff should listen and react appropriately to instil confidence. Staff should document their concerns on the patient care record, and safeguarding referral, as accurately as possible.

3.19.   Where it is not possible or appropriate to ask for consent (as outlined in Appendix C) this MUST be clearly documented on the safeguarding referral. Context regarding why it was not possible to gain consent must be included and consideration for those who cannot communicate their needs for example learning disability, Dementia, intoxication.

3.20.   Staff should be appropriately and professionally curious when exploring safeguarding concerns. Professional curiosity means exploring and seeking to understand what is happening within a family or situation rather than making assumptions or taking a single source of information and accepting it at face value. It does not mean taking on an investigatory role.

3.21.   Staff should treat the presenting signs and symptoms normally and in line with Trust and National guidance, policy and procedure. However, they should be particularly aware of circumstances where the signs and symptoms identified could be indicative of abuse.

3.22.   Staff should never promise to maintain confidentiality at any cost. Tell the person as soon as possible that the matter may have to be escalated if there is significant concern for others safety. Staff should not compromise their own wellbeing by holding concerns alone. If there is a direct report of, or staff suspect that a criminal incident has occurred, then consider contacting Police from scene or through EOC.

3.23.   Staff may only discuss their concerns with the Police, Health & Social Care and Safeguarding professionals who have a responsibility for the person/case.

3.24.   It should be remembered that as health professionals Any allegation or suspicion of abuse must be taken seriously and reported immediately. who may come into contact with adults or children at risk, there is a have a duty to report concerns about abuse. Information can be shared without patient consent if they are at risk of suffering or have suffered harm, or if it is in the interest of the public, however, best practice would involve gaining consent to share information and asking the person affected what action they would like to have taken whenever possible. If we do not report the disclosure or our concerns we may be putting the victim at greater risk, and may also discourage them from disclosing again, as they

may feel they were not believed. Failure to share information as detailed above may put other people at risk.

3.25.   Reporting concerns around social care issues, such as patients finding it difficult to cope in their home unsupported, can follow the same reporting process. Consent must be sought wherever possible for concerns of this nature as it may not be possible to share this type of information without consent. Please see flowchart at Appendix A regarding completing a referral.

3.26.   Safeguarding Referral Forms should be fully completed with all appropriate information, e.g. "see ePCR" is not acceptable.

3.27.   Where a patient refuses assessment please see Appendix C Seeking consent policy.

4.   Roles and Responsibilities.

4.1.   Accountability for Safeguarding Children and Adults ultimately sits with the Trusts Chief Executive; however, this can be devolved within the Trust Board to a clinical director, and within SECAmb this responsibility has been devolved to the Executive Director for Quality and Nursing.

4.2.   **Executive Director for Quality and Nursing** - The Executive Director for Quality and Nursing has Board level responsibility for Safeguarding Children and Adults. The Director chairs the Safeguarding Sub Group and sits on local Safeguarding Boards

4.3.   **Health Care Professional Consultant for Safeguarding** - The Health Care Professional (HCP) Consultant for Safeguarding leads on strategic safeguarding across the Trust and supports the Executive Director of Quality and Nursing in delivering high standards of care and experience to patients within the Trust.

4.4.   The HCP provides expert professional advice, develop strategy and implement policy and measure outcomes to assure the quality and safety of safeguarding practice.

4.5.   The HCP leads on a number of Trust wide initiatives, including the promotion of safety of the Trust's vulnerable staff groups.

4.6.   **Safeguarding Lead** - The Trust has a Safeguarding Lead, who reports to the HCP Consultant for Safeguarding. They have senior responsibility for Safeguarding Children and Adults across the Trusts region and safeguarding roles and responsibilities are clearly identified within the job description with reference to the competencies identified in the intercollegiate documents They maintain links with the wider Safeguarding networks in all localities and ensure that relevant

information is disseminated as required to all staff within South East Coast Ambulance Service.

4.7. The Safeguarding Lead will have a key role in promoting good professional practice within their organisation and provide advice and expertise for fellow professionals.

4.8. The Safeguarding Lead supports the organisation in its clinical governance role, by ensuring that regular audits and reviews on safeguarding are undertaken and that safeguarding issues are part of the Trust's clinical governance system.

4.9. **Caldicott Guardian** - The Trust's Caldicott Guardian (Trust Medical Director) has overall responsibility for ensuring that all patient information relating to safeguarding referrals remains securely stored and confidential. Day to day responsibility for safeguarding records is held by the Trust's safeguarding team.

4.10. **All Staff** - All staff (for the purpose of this document, the term staff includes 111 centre staff at all locations and PAP working on behalf of SECAmb) (have a responsibility to read and understand this policy and adhere to the Trust current procedure for safeguarding children and adults.

4.11. Staff must ensure that they are familiar with and follow the procedure related to their particular team in the included appendices. When a person at risk of harm has been identified; this may be a child or young person who has not yet reached their 18th birthday or an adult (over 18). Safeguarding duties apply to any adult who: 'has needs for care and support (whether or not the local authority is meeting any of those needs) and; 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 the experience of abuse or neglect' (Care Act 2014).

4.12. Effective communication systems must exist between all levels of staff and external agencies as required.

4.13. **Safeguarding Sub Group (SSG)** - The Safeguarding Sub group will monitor the effectiveness of the policy and staff training and co-ordinate the production of gap analysis and action plans for the Quality and Safety group to monitor. Regular reports should be bought to the SSG to update and inform the sub group members.

4.14. **Local Safeguarding Boards** - The lead professionals are responsible for identifying suitable representation at Child Death Overview Panels (CDOP) and other local Safeguarding Children Partnerships (LSCP) and Local Safeguarding Adult Board (LSAB) sub groups as required.

4.15. **Overview of the Safeguarding Role of the Ambulance Service** - All Health and Social Services professionals play an essential part in

ensuring that children, adults, their families and carers receive the care, support and services they need in order to promote their health and development. The "front-line" nature of the Ambulance Service and 111 within the NHS means that staff may be the first to be aware that families or carers are experiencing difficulties in looking after their children or adults. The emergency and urgent care elements of the service give a unique position to note pre-disposing factors in the home and the history of events in each case.

4.16. SECAmb Trust has a duty to conform to legislation, as do their staff. As the emergency and urgent care arm of the Health Service, Ambulance Services and 111 providers come into contact with children and adults in a wide variety of situations, directly and indirectly.

4.17. The Trust has a duty of care to protect any child or adults with care and support need and as such has clear guidelines and a reporting mechanism that records and notifies incidents. The notification of a child or adult perceived to be at risk does not immediately confirm abuse but raises the need to investigate matters further. At the other end of the spectrum, some children and adults are clearly at greater risk and immediate action is required to provide protection. The Trust's responsibility is to ensure the appropriate professionals are made aware of the concerns.

5.   Monitoring

5.1. The Policy will be monitored for its effectiveness by the Safeguarding Sub-Group (SSG) through the following mechanisms:

- Responsibilities of staff will be monitored through attendance at relevant safeguarding meetings (i.e. Safeguarding Boards, Sub-groups etc.), management of systems, development of reports and the appraisal process.

- Number and percentage of staff completing mandatory and induction training each year.

- Production of reports showing trend analysis

- Monitoring of actions arising from Safeguarding Practice Reviews (SPRs), Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs).

- Monitoring of actions resulting from self-assessment requirements i.e. Assurance & Accountability (ICB), Section 11 (Children Act), Lampard enquiry etc.

- These will be monitored as agenda items at the bi monthly SSG meetings and reported on as part of the annual safeguarding report presented to the Board.

6.   Sharing Information

6.1.   In accordance with legislative guidelines the Trust will share information with other Health, Social Care and other Safeguarding Children or Adult partners, where such information will be in the best interest of the child or adult.

6.2.   All requests for information sharing will be coordinated by the Safeguarding Lead and Safeguarding Team, under delegated authority of the Trusts Caldicott Guardian.

6.3.   All LSAB and Safeguarding Children Partnerships (SCP) have information sharing protocols, which as a partner of the local boards the Trust must adhere to.

6.4.   SECAmb staff will adhere to the principles of the Caldicott Committee's report on the review of patient-identifiable information sharing by recognising that confidential patient information may need to be disclosed in the best interests of the patient on the basis that there's a legal basis to do so.

7.   Associated Documentation

- [Frequent Callers Policy](#)
- [Mental Capacity Act Policy V5.0.docx](#)
- [Managing Safeguarding Allegations Policy Procedure V2.00.docx](#)
- [Managing Stress and Enhancing Wellbeing P&P V2.0.docx](#)
- [Seeking Consent Policy](#)
- [Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy](#)

8.   Education, Training and Awareness

8.1.   The Trust has a Safeguarding Training Strategy which outlines all of the training requirements for SECAmb staff, and at which level.

8.2.   Safeguarding training is offered to staff in both face to face 'classroom' sessions and via e-learning, dependent on the level of training.

8.3.   In addition to the Safeguarding training packages available, there are other courses available to staff including MCA and Prevent.

9.   References

- Working Together to Safeguard Children 2018. [Working together to safeguard children - GOV.UK (www.gov.uk)](www.gov.uk)

- The Children Act 1989 & 2004 Children Act 2004 (legislation.gov.uk)

- Human Rights Act 1998 Human Rights Act 1998 (legislation.gov.uk)

- Mental Capacity Act 2005 Mental Capacity Act 2005 (legislation.gov.uk)

- The Care Act (2014) Care Act 2014 (legislation.gov.uk)

10. Equality Analysis

The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.

Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.

Name of author and role	Gareth Knowles Safeguarding Lead		
Directorate	Quality and Nursing	Date of analysis:	24/11/2022
Name of policy being analysed	Safeguarding Policy and Procedure		
Names of those involved in this EA	Emma Ray Specialist Safeguarding Practitioner		

1. Trust policies and procedures should support the requirements of the Equality Duty within the Equality Act:	Eliminate discrimination, harassment and victimisation; Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.	In submitting this form, you are confirming that you have taken all reasonable steps to ensure that the requirements of the Equality Duty are properly considered.

2. When considering whether the processes outlined in your document may adversely impact on anyone, is there any existing research or information that you have taken into account?	For example: Local or national research National health data Local demographics SECAmb race equality data Work undertaken for previous EAs	If so, please give details:

3. Do the processes described have an impact	If so, please describe how (positive/negative etc):

on anyone's human rights?	

4. What are the outcomes of the EA in relation to people with protected characteristics?			
Protected characteristic	Impact Positive/Neutral/Negative	Protected characteristic	Impact Positive/Neutral/Negative
Age		Race	
Disability		Religion or belief	
Gender reassignment		Sex	
Marriage and civil partnership		Sexual orientation	
Pregnancy and maternity			

5. Mitigating negative impacts:
If any negative impacts have been identified, an Equality Analysis Action Plan must be completed and attached to the EA Record. A template for the action plan is available in the Equality Analysis Guidance on the Trust's website. Please contact inclusion@secamb.nhs.uk for support and guidance.

Protected characteristic:		Issue identified:	
Action required:			
Action lead:			
How will impact/outcome be measured?		Timescale:	
Resolution of actions:			

Protected characteristic:		Issue identified:	
Action required:			
Action lead:			
How will impact/outcome be measured?		Timescale:	
Resolution of actions:			

EA Sign off	
EA checkpoint (Inclusion Working Group member, preferably from your Directorate)	[Name and role]
By signing this, I confirm that I am satisfied the EA process detailed on this form and the work it refers to are non-discriminatory and support the aims of the Equality Act 2010 as outlined in section 1 above.	
Signed:	Date:

June 2023

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11. Quality Impact Assessment

Summary Quality Impact Assessment Form

Policy title	Safeguarding Policy and Procedure
Author	Emma Ray Specialist Safeguarding Practitioner
Responsible management group	Safeguarding Sub Group
Accountable Director	Robert Nicholls Executive Director for Quality and Nursing
Date undertaken	18/11/2022

Consider the impact of changes brought about by your policy and ensure there are no negative impacts that have not been considered and mitigated. For policies, there should be positive impacts if they are correctly designed. Please confirm that your policy will have a neutral or positive impact on the areas described, and note any positive impacts you believe will be achieved through your policy.

The impact on Patient Safety after the change has occurred	Consider the following: - What is the impact on partner organisations and any aspect of shared risk? - Will this impact on the organisations duty to protect children, young people and adults? - Impact on patient safety? - Impact on preventable harm? - Will is affect the reliability of safety systems? - How will it impact on systems and a process for ensuring that the risk of healthcare acquired infections to patients is reduced? - What is the impact on clinical workforce capability care and skills?	This policy gives staff guidance and support when working with people who may may have safeguarding concerns
The impact on Clinical Effectiveness after the change has occurred	Consider the following: - How does it impact on implementation of evidence based practice? - How will it impact on clinical leadership? - Does it reduce / impact on variation in care provision? - Does it impact on ensuring that care is delivered in most clinically and cost effective setting? - Does it eliminate inefficiency and waste by design? - Does it lead to improvements in care pathway?	Nil

The impact on Patient Experience after the change has occurred	Consider the following: - What is the impact on race, gender, age, disability, sexual orientation, religion and belief for individual and community health, access to services and experience? - What impact is it likely to have on self-reported experience of patients and service uses? (response to national / local surveys / complaints / PALS / incidents) - How will it impact on the choice agenda? - How will it impact on the compassionate and personalised care agenda?	We currently have in place a Safeguarding policy and referral procedure, this is an update with updated terminology, so should not have a detrimental effect on patient experience however this clarification will provide confidence and consistency for staff when working with patients who may lack capacity
The impact on Staff Experience after the change has occurred	Consider the following: - Staff satisfaction - Staff turnover / absentee rate - Bank and agency staff level - Equality impact on staff	We currently have in place a Safeguarding policy and referral procedure, this is an update with updated terminology, and is newly created merged document. This should not have a detrimental effect on staff however this clarification will provide confidence and consistency when working with individuals who may have safeguarding concerns.
Other (including impact on Trust reputation, regulatory requirements and local health economy impact)	Consider the following: - Any impact on the reputation of the Trust - Any impact on the Trust's regulatory requirements - Any impact on the local health economy e.g. CCGs, acute providers	Nil
Mitigations	Detail any actions put in place / to put in place to ensure that potential risks are managed or monitored to ensure appropriate action is efficiently taken. Consider the impact on the wider health economy and if any external stakeholders need to be engaged in the change to mitigate any risk, e.g. CCQs, acute providers	

Deputy Clinical Director	Name		Role	
	Decision		*Approve, Full QIA required, or Reject*	

	Comments, including clarity on decision and requirements		
	Signature		Date of decision	

12.   Appendix

- Appendix A: Making a Safeguarding referral guidance Policy Template V6 00.docx

- Appendix B: EOC and 111 Referral guide Policy Template V6 01.docx

- Appendix C: Consent Information Policy Template V6 02.docx

- Appendix D: Referral tips and tricks Policy Template V6 03.docx

- Appendix E: Prevent Guidance Policy Template V6 04.docx

- Appendix F: Ops438 V1 Child Death Procedure and Reporting Form Op438 V1 - Child Death Procedure and Reporting Form.pdf

- Appendix G: Ops 461 V1 Completion of Safeguarding referrals Op461 V1 - Completion of Safeguarding Referrals - 20 October 2021.pdf

- Appendix H: Safeguarding on Call guidance and information Safeguarding On Call Inclusion Criteria November 2020.pdf

13.   Audit and Review (evaluating effectiveness)

13.1.   All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.

13.2.   Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

13.3.   This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.

13.4.   All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.