KSS Policy on Safeguarding

Policy name	KSS Safeguarding Policy		
Policy lead	Executive Director of Service Delivery		
Approved by	Audit, Risk, Remuneration and Investment Committee		
Review Date	August 2022	**Version Number**	3

Version number	Revision Date	Nature of Revision	Next Review Due
1.0	1/4/19	Document creation	
2.0	11/08/21	Document reviewed and approved by ARRI Committee. Patrick Stewart appointed as Safeguarding Trustee	August 2022
3.0	28/07/22	Moved to updated template and checked for equalities statement. Updated 'the Trust' to 'KSS'	
3.1	10/08/22	Accompanying guidance removed to a separate document. Updated language to 'adult in need' and included reporting of serious incidents to the Charity Commission. Policy approved by ARRI.	August 2023

Audience	All staff, volunteers, Trustees
Public facing policy (yes/no)	Yes

Policy Statement

The welfare and protection of all is paramount to every aspect of the work undertaken by KSS and it is our intent to ensure that a safeguarding culture is embedded across the entire organisation in all that we do. KSS recognises that everybody has the right to be protected from harm, exploitation and neglect within the context of the law and personal civil liberties safeguarding is the responsibility of everyone.

KSS is committed to principles and activities which monitor, review, learn from, support and promote safeguarding.

This policy is underpinned by national guidelines for child and adult safeguarding and is designed to align with the variety of local authority arrangements within KSS' boundaries.

Information will be shared with partner agencies, adhering to Caldicott Guidelines and in accordance with KSS Information Governance procedures

KSS will fulfil its responsibilities in relation to attendance at meetings and events which promote safeguarding, for example Local Safeguarding Children Boards (LSCB's) and their replacement Safeguarding Partnerships, and any sub-groups, including the Child Death Overview Panels (CDOP), as appropriate in collaboration with SECAmb, and any statutory meeting arranged by the Local Authority Designated Officer (LADO) or any Person in a Position of Trust (PiPOT) meeting.

KSS will ensure that all procedures and supporting documentation reflect current national guidance in relation to safeguarding and that any national inquiry recommendations such as those within the Laming and Bichard Inquiries and the Munro review are implemented appropriately.

KSS' Board of Trustees, through their Committees, will receive at least annual safeguarding reports detailing trends and patterns in referrals.

Any safeguarding alert received into KSS, where any member of KSS is alleged to have abused a patient or individual will be notified to the National Reporting and Learning System (NRLS) and will be logged as a confidential safeguarding incident on KSS' incident reporting system. Investigations and reporting/notifications will be carried out in line with KSS' investigation procedures and the Safeguarding Trustee (Patrick Stewart) will be informed.

Purpose

- To ensure KSS actively promotes and supports the principles of safeguarding for all people at risk
- To ensure all staff, volunteers and Trustees understand their responsibilities to protect and safeguard all people at risk
- To ensure KSS has robust and effective procedures in place which protect and promote the interests of children and adults at risk in need of protection
- To ensure there is clear accountability and robust governance arrangements regarding the care and protection of people at risk within KSS
- To define the process for raising concerns regarding adults and children at risk and outline how concerns are received, recorded and fed back.

Background and Scope

Safeguarding children is everyone's responsibility and is a legal requirement under the Children Act 1989, and the Children Act 2004. This must be embedded in the work of all agencies who have contact with children and young people. Effective plans for safeguarding children's welfare, which include the child's wishes and feelings, will result in improved outcomes for children.

KSS recognises its responsibility under section 11 of the Children Act 2004 to work in partnership to achieve the shared vision of improving outcomes for children. Working Together to Safeguard Children 2018 (HM Government) makes clear the statutory responsibilities of organisations (Chapter 2 Organisational Responsibilities - Health). The guidance states: "All staff working in healthcare settings – including those who predominantly

treat adults – should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance" and that "Other public, voluntary and independent sector organisations, agencies and social enterprises providing NHS services to children and families should ensure that they follow this guidance."

The HM Government publication Working Together 2010 (WT2010) makes clear the statutory responsibilities of all organisations. It states that 'all organisations commissioning or providing healthcare should ensure there is board level focus on the needs of children and that safeguarding children is an integral part of their governance systems'.

These arrangements will include:

- Having a named professional with a specific role and responsibility for safeguarding children
- Contributing to child death panels, serious case reviews, root cause analysis and domestic homicide reviews, including implementing lessons learned
- Liaising closely with other agencies, including other health professionals, police and social services, sharing information as appropriate
- Contributing to child protection, adult safeguarding investigations, family group and strategy discussions / case conferences as required
- All staff understanding risk factors and recognising children in need of support and/or safeguarding.

Adult safeguarding differs from the principles underpinning safeguarding children as adults have the right to choose their lifestyle and take risks if they have capacity to make that decision. Any person giving concern regarding capacity must undergo a capacity assessment using the Mental Capacity Act 2005. All people have a right to a lifestyle which maintains personal independence, safeguarding privacy, offering genuine and informed choices, providing opportunities to enjoy and contribute to society and enables them to have their social, cultural and individual needs met.

Section 1 of the Care Act 2014 introduced the concept of "wellbeing". KSS is committed to working within the framework laid out in the Care Act 2014 Statutory Guidance. In working with adults, KSS will ensure that that the six principles of adult protection work are adhered to. These are:

- Empowerment – support individuals to make their own decisions as far as possible – complying with the Mental Capacity Act 2005 and Equalities Act 2010
- Prevention – It is better to act before harm occurs
- Proportionality – Responses should be appropriate to the risk presented and the least restrictive of individuals rights and choices
- Protection – Support and represent those in greatest need
- Partnership – Services working in partnership with their local communities
- Accountability – Accountable and transparent safeguarding practice.

Under this framework KSS will work together with partner agencies to ensure a coherent approach to the protection of adults at risk of abuse and a consistent and effective response to any circumstances giving ground for concern or formal complaints or expressions of

anxiety. This includes working with partner agencies within Safeguarding Adult Boards (SABs).

Principles

- Abuse can be in the form of physical abuse, emotional abuse, sexual abuse or neglect (including acts of omission or failure to act, and self neglect), child sexual exploitation and hate crime. Abuse of adults can also include domestic violence and abuse, discriminatory abuse, institutional and financial abuse. (See accompanying guidance definitions).
- Staff, volunteers and Trustees should be mindful that they are not there to investigate concerns. The task for our staff is to be aware of the signs of potential abuse and ensure appropriate reporting.
- Listen to the person telling you about the abuse.
- Following a dynamic risk assessment, ensure your own safety and the safety of patients, children or adults at risk.
- In the event of KSS staff having concerns regarding abuse, they must do nothing to alert or confront the alleged abuser.
- Wherever possible the adult or child suspected of suffering abuse should be removed to a place of safety; this should be discussed with the statutory safeguarding authorities if the person is not a consenting patient.
- Abuse or concern encountered in the course of Service Delivery activity must be reported via the RADAR and HEMSBase systems. Concerns encountered within other areas of work of KSS must be reported to the designated Safeguarding Lead.
- To keep a detailed record of observations and/or what you have been told.
- Seek consent to share relevant information unless this will increase the risk to the patient, individual or staff. Consent should always be sought where there are concerns around social care issues.
- *For urgent cases where it is thought the patient or individual is at an immediate risk of harm the police and social services should be contacted.*

Definitions

Staff	Any individual who works for KSS in any capacity including Emeritus staff and those working on a full-time, part-time, temporary, secondment, or line share basis.
Abuse	See Accompanying Guidance for definitions of abuse.
Children	For the purposes of child protection, a child is anyone who has not yet reached their 18th birthday. Where concerned about possible domestic abuse, adult protection legislation recognises however that those aged 16 and over can be in an intimate partner relationship and therefore whilst those 16- and 17-year-olds are children, domestic abuse legislation similarly applies.
Safeguarding children	Safeguarding children refers to the arrangements for any person who has yet to reach their 18th birthday (as defined by the Children Act 1989). The terms children, and children and young people are referred to within this document using this definition. This includes those living

	independently, in further education, the armed forces, in prison or other secure estate for children and young people.
Safeguarding lead	A Designated Safeguard Lead has the duty to ensure a company's safeguarding policy is followed by all members of staff in the location or event.
Adult and Adult at risk	Any person over the age of 18 years. The Care Act 2014 came into effect in April 2015, providing a clear statutory framework for safeguarding adults in England. A key change in terminology from the former guidance 'No Secrets' (2000) is in reference to the term 'Vulnerable Adults'. This has now been replaced with 'adult at risk', focusing on the situation rather than the characteristics of the adult themselves. The label 'vulnerable adult' may wrongly imply that some of the fault for any abuse lies with the abused adult. Whilst throughout the policy the term those who may be vulnerable people is used to reflect that the policy covers all who may be vulnerable, generally adults in need of protection or safeguarding adults is used.
Harm	Injury (physical or psychological) caused by abuse or neglect, or by the failure to act. Where a patient is concerned, harm can be considered unexpected if it is not related to the natural course of the patient's illness or underlying condition. In relation to an adult who is not mentally impaired, harm means, ill treatment or the impairment of health. In relation to an adult who is mentally impaired, it means ill treatment or the impairment of health or development.
Significant harm	The threshold that justifies compulsory intervention in family life in the best interests of the patient. This can be a compilation of significant events, both acute and long-standing, which interrupt, change, or damage physical and psychological development.

Policy Application

Concerns regarding an adult or child at risk can be identified at any stage of contact with patients, their families, and individuals at risk for example during a telephone call, at the patients' home, during a base visit, during a fundraising event or during case reviews etc. This procedure is aimed at supporting staff, volunteers and Trustees that have direct or indirect contact with patients or any other adult or child potentially at risk where concerns are raised around their safety and wellbeing. However, irrespective of the source of information, members of staff or volunteers identifying a person potentially at risk should in any setting ensure their concerns are reported appropriately. The following procedure must be followed by all KSS staff, Trustees and volunteers and a process flowchart can be found at the end of this policy.

Guidance for Making Referrals

Staff, Trustee and volunteer responsibilities are:

- To listen to the person telling them about the abuse

- Following a dynamic (on the spot) risk assessment, ensure their own safety and the safety of individual(s) at risk
- To report the abuse via the appropriate channels
- To keep a detailed record of their observations and/or what they have been told
- To seek consent to share relevant information unless this will increase the risk to the patient or staff member. Consent should always be sought where there are concerns around social care issues.

Additional Guidance for Service Delivery Staff Making Referrals

KSS staff can become aware of potential concerns from a variety of sources. These can include from the HEMS Desk, from the person concerned or from visual 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).

Safeguarding concerns relate to potentially abusive situations where others, who are providing care (paid, or unpaid) may be neglecting a patient, or causing physical harm etc. through their actions, or through their failure to act to keep a patient safe.

Social Care concerns relate to incidents where patients may possibly require care in the home either because of increasing care needs, self-neglect or social deprivation and those demonstrating self-harm.

Observations about the condition of other adults or children in the household might suggest risk (e.g. living in an environment where domestic violence has taken place or carers suffering from a mental health crisis or substance misuse). Staff may observe hazards in the home or find signs of distress shown by others in the home. These may alert staff to potential abuse or patients in need of safeguarding to avoid suffering harm.

Air Ambulance staff may often be the first or only professionals on scene and the actions taken and accurate recording of information may be crucial to subsequent enquiries. Wherever possible the person at risk should be removed to a place of safety.

Although carers should generally be kept informed of the actions required in the interest of the patient, this may not always be practicable for KSS staff if abuse is suspected. It is particularly important that carers should not be informed of staffs' concerns in circumstances when this may result in:

- A refusal to attend hospital;
- Any situation where the vulnerable person may be placed at further risk; or
- In cases where KSS staff are concerned that carers may be the person(s) alleged responsible for the abuse and informing them may lead to destruction or removal of any potential evidence.

KSS staff should follow the normal history-taking routine, taking particular note of any inconsistency in history and any unexplained/significant delay in calling for assistance. They should ask open questions, ideally away from any potential abusers, relating to the injury

allowing opportunity for the patient to disclose abuse and making full assessment including checking for any other marks which may indicate non accidental injury. It is important not to ask leading questions or be judgemental about information.

Hearing a Disclosure

Staff, Trustees and volunteers should try to listen and react appropriately to install confidence. They should avoid questioning or probing, as this may affect the credibility of subsequent evidence. They should write down exactly what they have been told.

Staff, Trustees and volunteers should accept the explanations given, and not make any suggestions as to how any injury or incident may have happened. Similarly, if they are told of abuse, they should not question the child or adult about it but should accept what they are being told and act appropriately.

Clinical Staff should treat the presenting signs and symptoms normally and in line with clinical protocols. However, they should be particularly aware of the circumstances they were presented with, and any verbal comments made to them about alleged abuse.

If someone says that they have been abused (disclosure) they should be moved to a private place if possible. Let them tell you what happed in their own words. Reassure them that they have done the right thing in telling someone about the abuse.

Staff, Trustees and volunteers should never promise to keep a secret. Tell the person at risk as soon as possible that the matter will have to be reported to the Safeguarding Lead, as it is our duty to do this. This will give them the chance to stop talking if they are not happy for this to happen.

Need to Know Basis

Staff, Trustees and volunteers must not talk to anyone who does not need to know about the allegation or suspicion of abuse, this includes witnesses (if there were any), hospital reception staff, or other colleagues not directly involved in the case. By inadvertently telling the alleged abuser for example, any criminal investigation may be affected or compromised. Any discussions required with other professionals, such as hospital staff or police, who do need to be informed, must be undertaken as discreetly as possible.

Reporting Concerns Encountered in Service Delivery (Staff)

Any allegation or suspicion of abuse must be taken seriously and reported immediately. Staff must complete an incident report form using the KSS incident reporting system detailing the HEMSBase number and a HEMSBase Safeguarding report form providing the detail requested. It should be remembered that as health professionals who may come into contact with children and adults at risk of harm, we 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 significant harm, or if it is in the public interest, however, best practice would involve gaining consent to share information 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 others at risk.

Reporting concerns around social care issues, such as patients finding it difficult to cope in their home unsupported, can follow the same reporting process as detailed above. Consent should be sought wherever possible for concerns of this nature.

Transporting Patients

If the person at risk is the patient and they are to be conveyed to hospital, staff should not let any carers know they have concerns if there is any suspicion of them being the person (s) alleged responsible for the abuse as this may result in refusal to go to hospital or destruction of evidence.

Staff should ensure that the Patient Clinical Record (PCR) contains a brief outline of concerns. The verbal handover should include any social / safeguarding concerns which will enable the immediate involvement of the hospital social care teams if necessary. A HEMSBase Safeguarding Form **MUST** also be completed by KSS staff giving full details of any concerns. An Incident Report using KSS' incident reporting system should also be made at the earliest opportunity detailing the HEMSBase incident number.

Non-Transported Patients

If the child or adult at risk is the patient and they, or any carers refuse transport to hospital, the HEMS Desk should be informed and a HEMSBase Safeguarding Form **MUST** also be completed by KSS staff giving full details of the concerns. An Incident Report using KSS' incident reporting system should also be made at the earliest opportunity detailing the HEMSBase incident number.

Consideration must be made regarding the patient's mental capacity if they refuse treatment and the decision appears to be unwise i.e. it will have a detrimental effect on the patient's health and wellbeing; a capacity assessment may be required as per the consent and capacity procedure.

In urgent cases, where there are concerns regarding the immediate safety of a patient, the HEMS Desk should be asked to call the police and contact Social Services on the appropriate 24-hour emergency number. Consideration must be made to call the Duty Manager by the crew on a case-by-case basis. In these cases, an Incident Report using KSS' incident reporting system should also be made at the earliest opportunity detailing the HEMSBase incident number.

Concern for a Person at Risk who is not a Patient

If the child or adult at risk is not a patient but the circumstances give cause for concern, staff should consider the implications of leaving the person at risk should the patient require transport to hospital. This may include making arrangements for the care of the dependant person, such as contacting a family member, out of hours social care, including them in the transport to hospital etc.

Some people can be at higher risk due to mental ill health, substance misuse (either their own or that of a person with caring responsibility), learning or physical disability or domestic violence situation of a care giver, consideration must be made regarding their immediate safety i.e. the vulnerable person is a child and the parent needs to be taken to hospital etc. An

Incident Report using KSS' incident reporting system should also be made at the earliest opportunity detailing the HEMSBase incident number for every person identified.

Duty Manager Actions

Duty Managers will as part of their incident review process for safeguarding incidents occurring within their duty period ensure that HEMSBase Safeguarding forms have been correctly completed and submitted.

The Duty Manager must create a RADAR incident report for any incident identified as part of their case review which in their opinion requires a HEMSBase Safeguarding Form to be competed. In these circumstances the Duty Manager must contact the attending crew and request that they complete the referral process unless this would create an unnecessary delay in which case the HEMSBase Safeguarding Form should be completed by the Duty Manager.

Safeguarding Lead Actions

The Safeguarding Lead will establish contact with the appropriate SECAmb Safehaven to confirm receipt and actioning of all safeguarding referrals. Confirmation of receipt must be noted on KSS' incident reporting system for the case in question.

Safeguarding under Specific Circumstances

Under common law. air ambulance personnel are empowered to act in the patient's best interest. In extreme circumstances, and providing it is safe to do so, personnel can remove the patient / person at risk to the safety of the ambulance for conveyance to A & E. This is only advisable if the patient / person at risk is in danger of immediate significant harm.

Under the Mental Capacity Act (2005) KSS staff may remove any ADULT patient to hospital without their consent if it is in their best interest ("best interest" decisions should be based around what the patient would have wished if they had the capacity to make a decision – if time allows, their decision should be made following discussion with family members / someone who knows the patient to try and ascertain what their wishes might have been) and they do not have capacity to consent to treatment. A capacity assessment and whether the patient was subject to a "best interest" decision must be documented clearly on the HEMSBase record. Capacity assessments and best interest decisions can only be applied to patients over 16 years of age.

Reporting Concerns Encountered in Non-Service Delivery Areas of KSS Work

Where abuse is suspected or disclosed then this needs to be reported to their line manager or, in their absence, to the Designated Safeguarding Lead. The line manager upon receipt of the safeguarding concern will alert the Safeguarding Lead. A safeguarding referral must be made if any volunteer, member of staff or Trustee has a safeguarding concern. The welfare of the child or adult at risk is paramount.

Staff members, Trustees and volunteers should therefore;

- Report concerns to the Designated Safeguarding Lead who will in the case of a child contact the local authority children's safeguarding team by phone (this must be followed up by completing a safeguarding form within 48 hours) or by just completing a safeguarding referral.

- Where the concern relates to an adult at risk of harm, the Safeguarding Lead will contact the adult protection team by telephone (which will be followed up in writing within 48 hours), or by completing a safeguarding referral.

Safeguarding Concerns Encountered in a School

Where staff, Trustees or volunteers hear a disclosure of abuse, or suspect that a child is at risk of significant harm then they MUST report this to supervising teacher, who in turn should report the matter to the Designated Safeguarding Lead in the school. This process is completed in addition to the normal KSS reporting procedures outlined above.

Managing Allegations Against Staff and Volunteers Working in Regulated Activity

Most adults who work with children and adults at risk act professionally and seek to provide a safe and supportive environment which secures the wellbeing and best outcomes for adults and children at risk and their families.

Where there is a concern that someone working with children may have caused harm, and whenever there are any allegations against staff, or volunteers then this needs to be reported to the Safeguarding Lead immediately.

An allegation may relate to a person who works with children who has:

- Behaved in a way that has harmed a child, or may have harmed a child:
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children.

The Safeguarding Lead should inform the Executive Director of Service Delivery as soon as possible and the Local Authority Designated Officer (LADO) within 1 working day of an allegation being made.

As outlined in "Working Together to Safeguard Children" (2015) [now replaced by Working Together 2018], the LADO will be informed of all allegations against adults working with children and provides advice and guidance to Safeguarding Leads on the progress of cases to ensure they are resolved as quickly as possible.

The LADO role applies to the children's workforce (paid, self-employed and volunteers). They are involved from the initial phase of the allegation through to the conclusion of the case. They provide advice and guidance and help determine that the allegation sits within the scope of the procedures. Within the role the LADO helps co-ordinate information sharing and will also monitor and track any investigation with the expectation that it is resolved as quickly as possible.

Where an allegation against a member of staff, Trustee or volunteer in regulated activity involves their conduct with an adult at risk of harm then the Safeguarding Lead should inform the Executive Director of Service Delivery as soon as possible and the Adult Safeguarding Team within one working day who will convene a Person in a Position of Trust (PiPOT) meeting,

as outlined in the Care Act 2014 Statutory Guidance. A PiPOT meeting is similar to a LADO meeting.

In respect of all allegations the Safeguarding Lead must ensure that they are recorded in the KSS incident reporting system as a confidential event and investigated in accordance with the procedures outlined in the Incident Recording and Investigation SOP.

Once notified by the Safeguarding Lead of an allegation against a member of staff, Trustee or volunteer, the Executive Director of Service Delivery will as soon as possible ensure:

- The individual is suspended from any further duties pending the conclusion of the investigation.
- The police are informed if a crime is suspected
- Relevant stakeholders are informed
- Any Duty of Candour declaration are made.

As soon as is practicabl,e the Executive Director of Service Delivery will inform the Chief Executive,the Safeguarding Trustee, and Safeguarding Lead of the allegation and the action taken or required to be taken.

On the basis of the initial findings of the investigation and advice received from the LADO and PiPOT meeting, the Safeguarding Lead and Executive Director of Service Delivery will use their professional judgement to determine the subsequent action taken which must be recorded as part of the investigation record.

Where it is decided to remove an individual from working with children because the person poses a risk of harm to children, or they are deemed to have caused harm to an adult at risk and been removed from regulated activity, then then following action must be taken by the Executive Director of Service Delivery or his nominated deputy:

- Inform the Chief Executive and Safeguarding Trustee of the intended course of action

Liaise with the LADO or PiPOT and make a referral to the Disclosure and Barring Service for barring consideration.Make a referral to the individual's regulatory body if they are professionally registered.

The Safeguarding Trustee will report to the Board where it will be decided if the incident meets the requirements of reporting of Serious Incidents to the Charity Commission.

Related Documents

Incident Reporting and Investigation SOP
Consent and Capacity SOP
Being Open and Duty of Candour SOP

Roles and Responsibilities

Board of Trustees	Board members are accountable for safeguarding on behalf of KSS and for robust oversight to ensure executive responsibilities are discharged. The board is therefore required to ensure that: • There are policies in place to safeguard and promote the welfare of children and young people and adults at risk of harm that are adhered to by Trustees, staff and volunteers • There is a clear commitment by senior leadership and management to the importance of safeguarding and promoting the wellbeing of children and adults at risk • All incidents or allegations of abuse are handled and recorded in a secure and responsible way • All incidents or allegations of abuse are reported to the police if the incident or concern involves potentially criminal behaviour and where necessary incidents have been referred to social services and reported to other agencies and professional regulators • Safeguarding concerns, incidents or allegations are reported to the Charity Commission as Serious Incidents • All safeguarding concerns with children or adults at risk are referred to the appropriate safeguarding children or adult team • Referrals have been made to the DBS for barring consideration where someone has been in regulated activity and been removed from this due to risk of harm.
Safeguarding Trustee	The Safeguarding Trustee is the designated board member with lead responsibility for ensuring Trustee and Board responsibilities in relation to safeguarding are fulfilled. The nominated Trustee is Patrick Stewart.
Chief Executive	The Chief Executive has overall responsibility for safeguarding on behalf of KSS. The Chief Executive may delegate the responsibility to an appropriate deputy(s) with Executive responsibilities.
Executive Director of Service Delivery	The Executive Director of Service Delivery will be the Executive Director with delegated responsibility for safeguarding.
Assistant Director of Service Delivery (Clinical)	The Assistant Director of Service Delivery (Clinical) is the lead manager with delegated day to day responsibility for safeguarding across KSS. The lead manager for safeguarding is responsible for:

	• Overseeing appropriate information sharing and exchange with other agencies and stakeholders both internal and external to KSS in a timely manner • Membership of LSCBs, SABs, CDOPs and other subgroups of boards as appropriate. • Ensuring that effective communication systems exist between all levels of staff and external agencies as appropriate • Monitoring training competencies frameworks and ensuring suitable training is available for all staff regarding child and adult safeguarding • Maintaining accurate records and multi-agency contact details • Providing leadership regarding awareness and development of the safeguarding agenda across KSS.
All Trustees, staff and volunteers	All Trustees, staff and volunteers are responsible for completing all required safeguarding training and having a clear understanding of their safeguarding roles and responsibilities in respect of the protection of children and adults at risk.

Further reading and references

- Working Together 2010, 2015, 2018
- Department of Health publication – Pre and post employment checks for all persons working in the NHS in England 2002.
- HM Government publication – Statutory Guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004
- Safeguarding vulnerable groups Act 2006
- The Care Standards Act 2008.
- Department of Health - No Secrets – Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse 2000
- Death by Indifference (Mencap 2007)
- Understanding serious case reviews and their impact – a biennial analysis of serious case reviews 2005–07
- Human Rights Act 1998
- JRCALC (2016)
- NICE guidelines CG89 – When to Suspect Child Maltreatment
- ACPO 2009 Guidance on Investigating Child Abuse and Safeguarding Children
- Department of Health -Taskforce on the Health Aspects of Violence against Women and Children: Report from the Domestic Violence sub-group
- United Nations Convention on the Rights of the Child 1991
- Sexual Offences Act 1988
- Sexual Offences Act 2003
- Data Protection Act 1998

- Data Protection Act 2018 (and GDPR requirements)
- General Data Protection Act (2016/679)
- Information Sharing Advice for Safeguarding Practitioners; HM Government 2015
- Children Act 1989
- Children Act 2004 (incorporating Every Child Matters 2003)
- Police Act 1997
- Safeguarding Vulnerable Groups Act 2006
- Protection of Freedoms Act 2012
- Equality Act 2010
- Children and Families Act 2014
- Counter-Terrorism and Security Act 2015
- The Prevent Duty Guidance 2015
- Female Genital Mutilation Act as amended by the Serious Crime Act 2015
- The Care Act 2014
- The Mental Capacity Act 2005

Monitoring, Compliance and Managing Deviation

This policy is subject to an annual internal audit. Any deviation from policy will be managed within the Policy Deviation process.

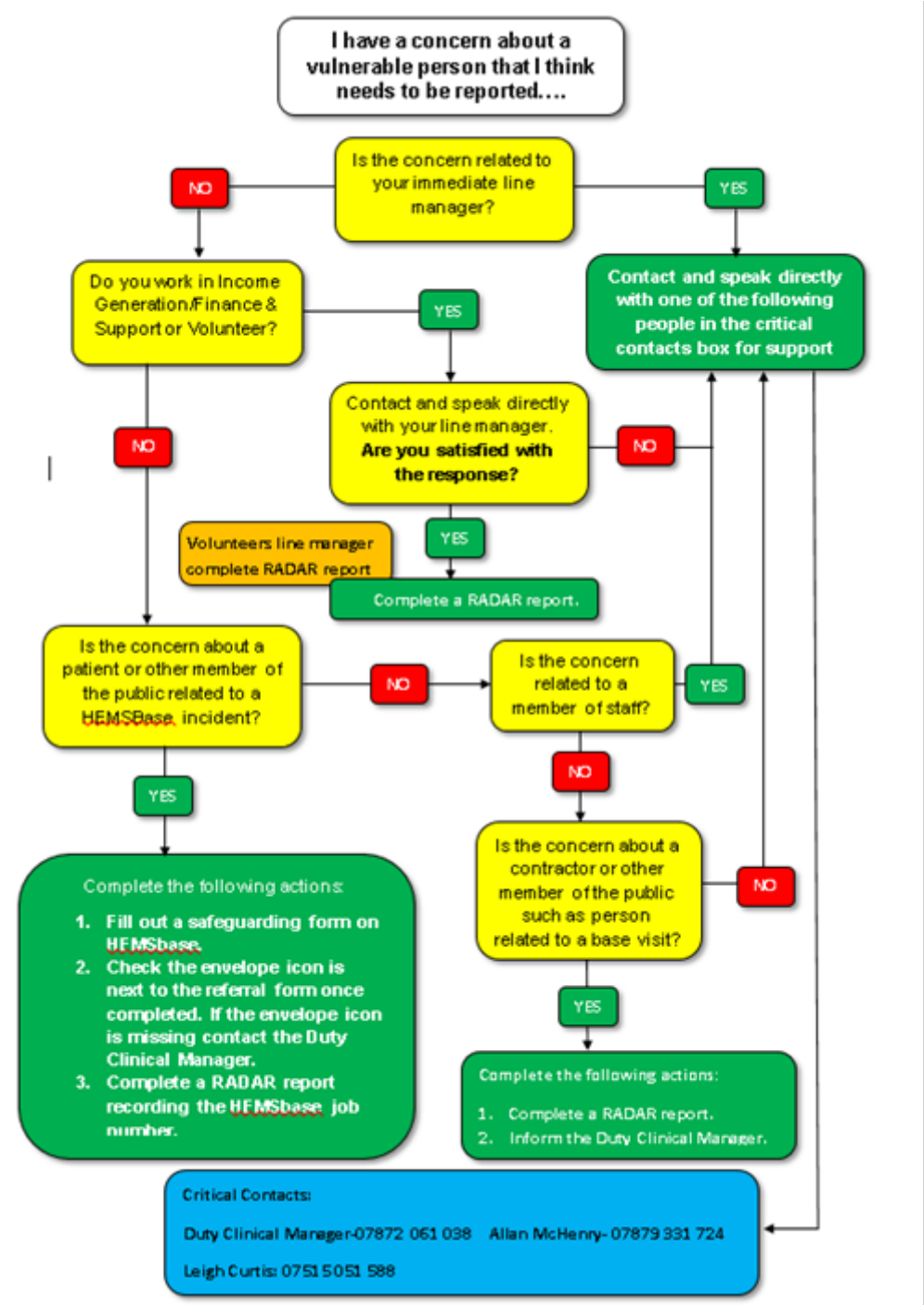
Equality Analysis

KSS is committed to creating an equal, diverse and truly inclusive culture where everyone feels welcome and able to be their authentic selves.

We believe that everyone has the right to live without fear or prejudice, and be treated fairly, and with respect and dignity regardless of race, age, gender, disability, sexual orientation, social class, religion and belief.

Our policies all undergo an equality impact assessment as a way of ensuring they do not inadvertently disadvantage anyone and that where possible they proactively advance equality, diversity and inclusion.

Process Flowchart


I have a concern about a vulnerable person that I think needs to be reported....
Is the concern related to your immediate line manager?
NO
YES
Do you work in Income Generation/Finance & Support or Volunteer?
YES
NO
Contact and speak directly with one of the following people in the critical contacts box for support
Contact and speak directly with your line manager. Are you satisfied with the response?
NO
YES
Volunteers line manager complete RADAR report
Complete a RADAR report.
Is the concern about a patient or other member of the public related to a HEMSBase incident?
NO
Is the concern related to a member of staff?
YES
YES
NO
Is the concern about a contractor or other member of the public such as person related to a base visit?
NO
YES
Complete the following actions:
1. Fill out a safeguarding form on HEMSbase.
2. Check the envelope icon is next to the referral form once completed. If the envelope icon is missing contact the Duty Clinical Manager.
3. Complete a RADAR report recording the HEMSbase job number.
Complete the following actions:
1. Complete a RADAR report.
2. Inform the Duty Clinical Manager.
Critical Contacts:
Duty Clinical Manager-07872 061 038 Allan McHenry- 07879 331 724
Leigh Curtis: 0751 5051 588