



Safeguarding Adults Policy

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1. Introduction

Safeguarding means protecting an adult's right to live in safety, free from abuse and neglect. Every member of staff in South Central Ambulance Service has a responsibility to prevent and stop both the risks and experience of abuse or neglect, whilst at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views wishes and beliefs in deciding on any action (Care Act 2014). Staff working with vulnerable adults must act positively to report abuse where it is identified or suspected.

This policy outlines the role of South Central Ambulance Service staff in preventing the abuse and neglect of adults at risk, raising concerns where adults at risk are experiencing abuse or neglect, and in initiating or supporting multi agency safeguarding adult's procedures in line with local multi agency policies and agreements.

As set out in the Care Act (DH 2014) the lead agency for multi-agency safeguarding procedures is the Local Authority.

Adherence to this policy provides for a systematic and consistent approach to the prevention of abuse and the management of suspected or alleged abuse, of all adults at risk living in that area.

2. Scope

This policy applies to all South Central Ambulance Service NHS Foundation (SCAS) staff.

3. Aim

This policy refers to all staff in South Central Ambulance Service and all adults at risk that staff may have contact with in the course of their work.

At the heart of all safeguarding adults work is the protection and wellbeing of service users and their carers. All people have the basic human right to dignity, freedom and respect. Safeguarding adults work is core to the delivery of quality care and is relevant to patient safety, quality and governance frameworks. Safeguarding and promoting the welfare of adults must be seen as a core part of the care offered to all adults at risk.

This document also sets out to provide clear guidance on reporting any concerns or allegations of abuse and to set out the levels of responsibility by:

- Ensuring that South Central Ambulance Service promotes a culture in which patients, relatives, carers and staff feel that they are able to raise concerns.
- Ensure that staff are aware of the policy.
- Ensuring that adults at risk are not subject to any form of abuse.
- Ensuring that staff receive the appropriate training.
- Ensuring that any allegations of abuse are reported immediately and appropriate action taken at the time to protect any vulnerable adult from further abuse.
- Ensure partnership working with other agencies.

Allegations of the abuse or neglect of children, including those aged 16 and 18 years old are to be dealt with through the Child Protection policy and Allegations policy.

ADULT SAFEGUARDING BOARDS



Safeguarding Adults Boards (SABs) are one of the key mechanisms for safeguarding vulnerable adults from abuse and neglect. They are now a legal requirement under the Care Act 2014.

The main objective of an SAB is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria of an adult at risk. SCAS have 14 SAB across 7 counties within our operational area.

The requirement under the Care Act 2014 sets out three core duties of local Safeguarding Adults Boards.

- It must publish a strategic plan for each financial year that sets out how it will meet its main objective and what members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan must be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
- It must publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action
- It must conduct any Safeguarding Adults Review in accordance with Section 44 of the Care Act.

The key aims of the Safeguarding Adults Boards are to:

- Ensure that whenever abuse or neglect is suspected or reported, there is an effective, consistent, and coordinated response.
- Ensure that partner agencies have preventative measures in place to lessen the likelihood of abuse occurring
- Increase the awareness of safeguarding issues amongst the general public, carers, service users, voluntary and paid workers
- Provide a framework for the further inter agency development of safeguarding policy including learning lessons from practice.
- Provide positive safeguarding outcomes for service users, which are best achieved by robust and effective inter agency working, development and review of policy in light of changes in legislation and practice
- Training strategy for all staff and volunteers
- Training strategy for service users and carers
- Strategies for reducing risk of abuse and neglect in care settings and the community
- An equal access strategy
- A commissioning strategy for services for people who are at risk of, or have experienced abuse or neglect
- A commissioning strategy for responses to and services for perpetrators of abuse and or neglect
- The development and review of information sharing protocols.

South Central Ambulance Service is represented on these boards by a senior manager. The Board brings together the following agencies:

- Community Care Services
- Thames Valley Police



- Hampshire police
- Thames Valley Probation Service
- Hampshire Probation Service
- Care Quality Commission
- Clinical Commissioning Groups
- All Hospitals NHS Trust
- South Central Ambulance Service
- Local Private and Voluntary Organisations.

As a member of the Safeguarding Adults Board, South Central Ambulance Service is responsible for:

- Reporting to the Safeguarding Adults Board on how it carries out the supporting activities of the policy.
- Providing an annual report to the Board.
- Auditing its policies and procedures using the format agreed by the Safeguarding Adults Board.
- Promoting the policies and procedures in a way that is appropriate and accessible. Ensuring that there are safe recruitment processes in place and that all staff are working with people who are at risk of abuse and neglect and are employed in regulated activity is subject to check with the Disclosure and Barring Service (DBS). This includes agency staff and volunteers. The Director of Human Resources will be the nominated person for disclosing to DBS or any other professional body any staff, who, following enquiry, concludes are unsuitable to work with adults at risk.
- Ensuring that all staff are aware of this policy
- Ensuring that there are procedures in place for reporting allegations made by clients, carers and staff.
- Ensuring that there are procedures in place for dealing with allegations made against a member of staff/students/agency workers and volunteers.
- Ensuring that care plans supporting clients who may be at risk include strategies that support the individual in reporting concerns.
- Ensuring that adults who access our services are given accessible information about how and where to complain.
- Ensure that adults who may be at risk of abuse are supported to speak up and have access to advocacy services.

4. Roles and Responsibilities

The roles and responsibilities should set out accountability and delegation of responsibilities. This list is not exhaustive, but the following staff must be included.

4.1. Chief Executive

4.1.1. The Chief Executive is the executive member of the trust board with overall accountability in relation to safeguarding adults and patient experience.

4.2. The Executive Director of Patient Care and Service Transformation

4.2.1. The Executive Director of Patient Care and Service Transformation is the nominated director responsible for coordinating the management of the safeguarding adults agenda and patient experience.



4.3. Medical Director

4.3.1. The medical director is the nominated director responsible for consent for treatment and ensuring that all clinicians deliver care in accordance to best practice.

4.4. Head of Safeguarding

4.4.1. The Head of Safeguarding has a responsibility for the development and implementation of systems and processes for safeguarding adults working with partner agencies in line with local and national standards and legislation. This includes overall responsibility for policy development, education content guidance, and safeguarding supervision.

4.5. All SCAS staff

4.5.1 The safeguarding of adults at risk is everyone's responsibility and forms part of all employees' job descriptions.

All South Central Ambulance Service staff that come into contact with adults who may be at risk should be aware of their responsibility to promote the independence of the individual whilst protecting their welfare.

Staff need to be aware of the forms of abuse that occur and appreciate that the individual may be exposed to more than one form of abuse at a time. Staff need to be familiar with the signs that may indicate that abuse or neglect has or is occurring, who may be an abuser and where abuse may occur.

Staff need to complete relevant safeguarding referral and take action to protect the vulnerable adult from abuse.

Staff also need to consider the potential for radicalisation when meeting the needs of their patient. If there are concerns that a patient may be being radicalised into terrorist activity or developing violent or extremist views then staff must follow the processes detailed in the SCAS *PREVENT* policy 2018.

Staff involved in safeguarding Adults issues are expected to:

- Share information and co-operate with appropriate agencies by completing a safeguarding referral form .
- Prepare for and attend strategy meetings when required.

In addition all staff including managers:

- Ensuring that they are aware of the Safeguarding Adults Policies and Procedures.
- Ensuring that they receive the appropriate training.
- Ensure that adults at risk are protected whilst in SCAS care.
- Ensuring that the policy is implemented within their area of work.
- Reporting, and investigating, if appropriate, any allegations of abuse in a timely manner.

5. Abbreviations

Please use as few abbreviations as possible. Any abbreviations within the policy must be written in full within this section.



6. Explanation of Terms

Adults at risk

This policy focusses on the needs of adults at risk in relation to abuse. An adult at risk is defined by the Care Act 2014 as:

- Someone who is 18 years and over.
- 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.

In real terms the people most likely to be assessed as vulnerable are those adults who are:

- Elderly and frail.
- Suffer from a mental illness including Dementia.
- Have a physical disability.
- Have a sensory disability.
- Have a learning disability.
- Suffer from a severe and incapacitating physical illness.

Safeguarding

Safeguarding refers to all work which enables an adult to retain independence, wellbeing and choice and to access their human rights to live a life that is free from abuse and neglect. Safeguarding adults is complex and diverse in its nature and covers a spectrum of activity from prevention through to multi agency responses when harm occurs. It is about the safety and wellbeing of all the people accessing our services and providing additional measures for those who are unable to protect themselves.

Abuse

The term abuse is subject to many interpretations, and for the purpose of this documented is defined as:

- Abuse is a violation of an individual's human and civil rights by any other person or persons.
- Abuse may consist of a single or repeated act and it may also be an act of neglect or an omission to act.
- Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it.

6.3.1 10 forms of abuse (DH 2014)

Physical abuse: Includes hitting, slapping, pushing, kicking, misuse of medication, restraint and inappropriate physical sanctions. It also includes all patient on patient incidents on inpatient wards.

Domestic abuse: 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 or sexual acts that the vulnerable adult has not consented to, or could not consent, or was pressured into consenting. This also includes sexual exploitation or sexual grooming of young people who may be children in the transitional age group who will also need to be considered under Children Safeguarding Policies.

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 support networks.

Financial or material abuse: Includes theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including coercion 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 means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

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 on 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 or 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, and the development of pressure ulcers where poor practice or omissions in care are suspected (Please refer to Appendix 3).

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.

Domestic Abuse/ Voilance

Definition of Domestic abuse (Home Office 2013).

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physical
- sexual
- financial
- emotional



Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.
Domestic abuse can be perpetuated through cultural beliefs manifesting itself via:

Forced marriage; where one or both people do not (or in the case of some people with learning or physical disabilities cannot) consent to the marriage and pressure or abuse is used.

Female genital mutilation; comprises all procedures involving the partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons (Appendix).

Honour Crimes; involve violence, including murder committed by people who want to defend the reputation of their family or community. An honour killing is the murder of a person accused of bringing shame upon his/her family.
In these instances, the perpetrator may have the support of the extended family.
Domestic abuse is a crime and is neither morally or socially acceptable whichever form it takes.

Who may be the Perpetrator of abuse?

A person may abuse an adult at risk by inflicting harm or failing to act to prevent harm. An abuser may deliberately attempt to exploit vulnerable people. Adults at risk may be abused by a wide range of people including relatives and family members, professional staff and paid carers, volunteers, neighbours, friends, associates and strangers.

Circumstances of abuse

Abuse can occur in any setting; when the adult at risk lives alone, with a relative, in nursing and residential homes, day care settings, hospitals, custodial situations, in other places previously presumed safe, or in public places.

Patterns of abuse

Patterns of abuse and abusing vary and reflect very different dynamics. These include:

- Sexual or serial abuse – where the person is sought out or groomed
- Long term abuse – in the context of family relationships and domestic violence
- Opportunistic abuse – such as theft because money has been left unattended
- Situational abuse – such as situations where pressures and stressors have built up, or difficult challenging behaviour
- Neglect – because those around the vulnerable person are not able to be responsible for their care, for example, if their carer has mental health problems, substance misuse, and financial strains.

Signs of abuse



Signs that a person is being abused may be present. It is important to consider that some, none or all of these signs of abuse may be present, or all of these signs may be present even when a person is not being abused.

Consider:

- Any change in a person's behaviour, appearance, financial circumstance
- Any unusual reactions towards a particular individual or setting
- Withdrawal from usual activities and contacts
- Seeking shelter or protection
- Increased frequency of access to medical services i.e. GP, A&E departments
- Explained bruising or inconsistency in explanation of injuries

Non- recent abuse

As soon as it becomes apparent that an adult is revealing childhood abuse, the member of staff must record what is said by the patient and the response given by the staff member. If possible it should be established if the adult is aware of the alleged perpetrators recent or current whereabouts and contact with children. If named children are identified as being at risk, then a referral must be made to Children's Services to the relevant local authority without delay.

An adult patient should be asked whether they want a police investigation and must be reassured that child protection teams are able and willing to undertake such work for vulnerable adults.

Consideration must be given to the therapeutic needs of the adult and support offered. Staff do have a duty to disclose where it is in the public interest and there is cause to suspect there is on-going risk to others. If an individual lacks the capacity to understand the consequences of refusing permission to disclose, the decision must be made in the public interest.

Reporting of non-recent abuse to the police must be done via the Child Abuse Investigation Unit through the Police Enquiry Centre (telephone 101).

Safeguarding thresholds

There is no precise definition of what should be categorised as a safeguarding issue; so if in doubt staff should always seek advice from the South Central Ambulance Safeguarding Team. If this is out of hours then the duty on call manager should be called. They will advise whether or not a referral should be made. ***If in doubt always complete a safeguarding referral.***

What to do when abuse is disclosed

Concerns about the wellbeing and safety of an adult at risk must always be taken seriously. This includes situations where the concern has been made anonymously.

Any member of staff (including non-qualified, bank and volunteers) who becomes aware of a safeguarding concern should ensure that emergency assistance for the client, if required, is obtained without delay by requesting the police to scene.

Staff should listen carefully and sympathetically to what the adult tells them but avoid asking detailed or probing questions that might affect the investigation or future therapeutic input.

Do:



- Stay calm and listen take what you are being told seriously.
- Offer support to help them stop the abuse happening.
- Be aware that medical or other evidence might be needed.

Do not:

- Press the person for more details;
- Assume that someone else will take action;
- Contact the alleged abuser;
- Promise to keep it a secret;
- Be afraid to contact Social Care or the Police.

Referral process

If the adult has been injured or is unwell, immediate necessary treatment should be given and the child or adult should be taken to the nearest Accident and Emergency Department where possible. The patients clinical needs must always be a priority.

- Complete a SCAS safeguarding referral form either on ePR, via the web based referral form or by completing a paper safeguarding form (CAS 120)
- If you complete a paper referral ensure that you securely fax the referral to the Fax number on the top of the form and place the paper copy in for scanning.

It is expected that the Hospital will also make a safeguarding referral to Social Services.

South Central Ambulance Service staff should ensure that they make factual accurate and legible notes when making a safeguarding referral.

Where there is a serious suspicion of abuse consideration should be made with regard to contacting the police. This can be done by calling 101 or through the CCC to the police emergency control room if an emergency response by the police is required.

It is recognised that it may not always be possible to remain on scene because of the threat of violence towards staff. Should this be the case staff should withdraw from the scene and await the arrival of the police. Always inform the CCC and note the patient clinical record of the reasons for withdrawal

Confidentiality

Personal information held by SCAS must be obtained and processed fairly and lawfully and stored securely.

Personal information about adults who are at risk of abuse and neglect held by SCAS should not normally be shared or disclosed without the consent of the person. When there is a need to share information and consent cannot be obtained, the following points should be considered:

Information sharing is governed by:

- Common Law Duty of Confidence.



- Data Protection Act.
- Human Rights Act (article 8).

However, the law permits the disclosure of confidential information, if it is:

- Necessary to safeguard an adult at risk from abuse or neglect.
- In the public interest.
- If required by a court order or other legal obligation.

Disclosure of any confidential information should always be:

- Appropriate for the purpose.
- Only to the extent necessary to achieve that purpose.
- Information should be held only as long as it is relevant.

Sharing of information

The question of sharing or disclosing information with the view to protecting adults at risk presents a number of ethical, professional, practical and legal dilemmas. It is necessary to identify the circumstances in which the usual practice of respecting confidentiality should be overridden in order to protect the adult at risk, for example is the adult being intimidated or if there is concern about another adult at risk.

The principles of information sharing are summarised below:

- Information will only be shared on a need to know basis when it is in the best interests of the service user.
- Confidentiality must not be confused with secrecy.
- Informed consent should be obtained but, if this is not possible, and other vulnerable adults are at risk, it may be necessary to override this requirement.
- It is inappropriate for SCAS to give assurance of absolute confidentiality in cases where there are concerns about abuse, particularly in those situations when other vulnerable people may be at risk.
- Where there may be risk of significant harm to a vulnerable adult.
- Staff become aware of a crime that must be disclosed in the public interest.
- For patients where there is a concern that they may not be able to give consent to information sharing or investigation, for example in the case of a patient with Dementia or Learning Disabilities, an assessment of mental capacity and any subsequent best interests decisions should be made in accordance with the Mental Capacity Act 2005. In these instances information should only be shared in the persons' best interests.
- Decision about who needs to know and what needs to be known should be taken on a case by case basis, within agency policies and constraints of the legal framework. If there is any doubt around sharing of information, then advice should be sought from the SCAS safeguarding team.
- **Information should not be communicated to external agencies via email, unless it is a secure email. This would mean via an NHS.net account to a GSCX email account.**



7. Training

All safeguarding training requirements are detailed in the SCAS safeguarding training needs analysis for all staff groups.

8. Equality and Diversity

8.1 Staff should be sensitive to differing expectations with regard to race, culture, ethnicity, age, gender and sexual orientation.

8.2 Staff should make every effort to establish clear lines of communication with the patient, utilising family for interpretation (if appropriate) and language line.

9. Monitoring

9.1 Compliance will be monitored through the safeguarding specialist audits as part of the Frontline knowledge and awareness audit. These audits will be reported through to Patient Safety Group.

Standard / process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
Detail each criterion and/or process(es) within the policy which should be monitored/ audited for compliance.	Detail how the monitoring/audit is to be undertaken ensuring each point of the process(es) is(are) covered. Include the recommended scope and size of the monitoring, e.g. audit 10% of the records from all areas of the Trust.	Detail the responsible person/post for carrying out the audit	Detail the committee which will review the audit and action plan	Detail the frequency of monitoring e.g. quarterly, annually

10. Consultation and Review

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
Patient Safety Group	May 2018	



11. Implementation (including raising awareness)

This policy will be distributed via email and referred to during all forms of safeguarding adult training.

12. References

- Care Act (DH 2014). Care and Support Statutory Guidance. This document replaces the 'No secrets' guidance.
- No Secrets: Guidance on developing and implanting multi agency policies and procedures to protect vulnerable adults from abuse. (2000) Department of Health and Home Office (This document has been replaced by the Care Act 2014) . .
- Mental Capacity Act Code of Practice. (2007) Department of Health.
- Mental Health Act Code of Practice (2008) Department of Health.

13. Associated documentation

- Allegations policy
- Safeguarding children policy
- Whistleblowing policy
- Consent policy
- Data protection policy
- Information governance policy
- Code of Conduct in Respect of Confidentially Policy
- Dignity at Work Policy
- Discipline and Conduct Policy
- Domestic abuse policy
- Chaperone policy
- Adverse Incident Poilcy



14. Appendix 1: Review Table

Version	Reason for change	Overview of change



15. Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies

Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive + Director of Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Patient Care	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Director Operations	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Director of IT	Information Governance Steering Group	Quality and Safety Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Director Operations	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision



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16. Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy:.....

.....

Officer completing assessment:.....

Telephone.....

1.	What is the main purpose of the strategy, function or policy?
	Guidance for staff with regard to safeguarding adults
2.	List the main activities of the function or policy? (for strategies list the main policy areas)
	Across the Trust
3.	Who will be the main beneficiaries of the strategy/function/policy?
	All staff and vulnerable adults
1.	Use the table overleaf to indicate the following:- <ul style="list-style-type: none"> a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them? b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?



		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
GENDER	Women	Yes		
	Men	Yes		
RACE	Asian or Asian British People	Yes		
	Black or Black British People	Yes		
	Chinese people and other people	Yes		
	People of Mixed Race	Yes		
	White people (including Irish people)	Yes		
	Disabled People	Yes		
	Lesbians, gay men and bisexuals	Yes		
	Trans people	Yes		
AGE	Older People (60+)	Yes		
	Younger People (17 to 25) and children	No Separate policy for this age group		
	Faith Groups	Yes		



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	Equal Opportunities and/or improved relations	Yes		
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Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	no
Intended	<input type="checkbox"/>	no
Level of Impact	High	Low
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
No		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
No		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		



No

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.

Signed: A. Z. A. K.

Name: A Heselton

Date: ...14th of November 2018



17. Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy:.....

.....

Officer completing assessment:.....

Telephone.....

Part A

Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender

Race

Disability

Sexuality/Transgender

Age

Faith

2. Summarise the likely negative impacts:-

.....

.....

.....

.....

.....



3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	
Race	
Disability	
Sexuality/Transexuality	
Older People	
Younger People	
Faith	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-



Equality Target Groups	Title/type of/details of reserach/report
Gender	
Race	
Disability	
Sexuality/Transexuality	
Older People	
Younger People	
Faith	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No

6

Part B



Complete this section when consultation and research has be carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....
.....
.....
.....
.....

8. Will the changes planned ensure that negative impact is:

Legal?
(not discriminatory, under anti-discriminatory legislation)

Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....
.....
.....
.....



Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....

18. Appendix 5: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

Policy Title	
Author's Name and Job Title	
Review Deadline	
Consultation From – To (dates)	
Comments Received? (Y/N)	
All Comments Incorporated? (Y/N)	
If No, please list comments not included along with reasons	
Equality Impact Assessment completed (date)	
Name of Accountable Group	
Date of Submission for Ratification	

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	
All Sections Completed (Y/N)	
Monitoring Section Completed (Y/N)	
Date of Ratification	
Date Policy is Active	



**South Central
Ambulance Service**
NHS Foundation Trust



Date Next Review Due	
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	