South Central Ambulance Service
NHS Foundation Trust

Safeguarding Annual Report 2022 / 2023

Version 1.2

20 July 2023

1. Introduction

1.1 South Central Ambulance Service (SCAS) within its corporate duty of care to patients has a responsibility to safeguard those who are vulnerable, based on legislation for both Children and Adults.

1.2 It is a statutory requirement to present an Annual Report to the Quality and Safety Committee and Trust Board which demonstrates how the Trust has met its safeguarding responsibilities in line with Working Together to Safeguard Children (H.M. Government 2020) as well as confirming compliance with The Children Act 2004.

1.3 In addition, The Care Act 2014 sets out statutory responsibility for the integration of care and support between Health and the Local Authority in the field of safeguarding adults.

1.4 The external strategic drivers such as CQC, policy and legal changes, government leadership and the priorities of the aligned Safeguarding Boards will always shape the direction of travel and will provide focus for the coming year. The most notable are highlighted below.

- CQC Inspection November 2021 – specific focus on Safeguarding
- CQC Inspection April/May 2022 – focus well lead inspection
- Quality Visit completed by representatives of ICB's in December 2022
- Continued NHSE/CQC Scrutiny Group
- NHSE Safeguarding Priority - requests by Safeguarding Boards to provide assurance on improvement work
- NHSE Safeguarding Priority - to sustain the NHS Safeguarding brand and products for all frontline staff, so they can make every contact count to prevent all forms of neglect, exploitation, abuse and violence.
- NHSE Safeguarding Priority - to focus on preventing domestic abuse and violence (DAV); to tackle serious violence (TSV) and to prevent child sexual exploitation (CSE).
- NHSE Safeguarding Priority - to ensure that the long-awaited Domestic Abuse Bill is translated into safeguarding assurance and key messages for safeguarding systems when it becomes legislation.
- NHSE Safeguarding Priority - to continue to profile the voice and lived experience of young carers and care-experienced people in the NHS.
- NHSE Safeguarding Priority - to raise awareness of the vulnerabilities of young people to exploitation and abuse as they develop into adults and/or transition to adult services.
- NHSE Safeguarding Priority - to sustain positive partnership engagement with key stakeholders, to ensure the continuation of robust and transparent conversations in addressing and identifying solutions to rapidly evolving safeguarding issues.
- NHSE Safeguarding Priority - to ensure that the Liberty Protection Safeguards (LPS) are implemented safely by responsible organisations for 16–17-year-olds, as well as any vulnerable adults.
- NHSE Safeguarding Priority - to continue to evolve our Safeguarding Accountability and Assurance Framework; to consolidate our Safeguarding Commissioning Assurance Toolkit; and to explore the benefits of our contextual safeguarding dashboard with partners and ICSs through evaluation and research.

1.5 As well as the external drivers there have been some significant internal changes that have had an impact on the Service.
These include:

- The Improvement Workplan resulting from the CQC inspections.
- The increase from 4 permanent staff in the Safeguarding Service to a total of 10
- The fast turnover of Leadership within Safeguarding team for Quarter 1 to 3, 2022.
- Permanent change in Safeguarding Leadership in Quarter 3, 2022.

1.6 The most challenging area for the coming year will be:

- The delivery of the Improvement work associated with Safeguarding.
- The transition to a new "hosted" server process for Safeguarding referrals.
- The increase in training compliance at all levels for safeguarding including Mental Capacity Act (MCA).

1.7 This report depicts the work and progress that has been made within the Trust during 2022-2023

1.8 **Appendix 1 contains benchmarking data** which compares data from SCAS against other ambulance safeguarding services. **To note this is 2021/2022 data as the latest figures are not yet available.**

1.9 Areas to note from this report**: SCAS in 2021/2022** – 3rd highest referrer, mid-scale for number of allegations. SCAS was the 13th smallest Safeguarding team out of 14 Ambulance Trusts.

2. Multi-Agency Working

2.1 The Trust is aligned to 24 Adult and Child Safeguarding Boards within the operational area. The Trust maintains relationships with all these organisations in the interests of their responsibility to safeguarding. The Associate Director Safeguarding represents the Trust at all safeguarding boards and delegates responsibility for attendance at subgroups to the respective safeguarding leads or specialist safeguarding practitioners.

2.2 A representative from the Trust's Safeguarding Service attends the following strategic multi agency safeguarding meetings – **a total of 59 meetings** quarterly:

- 4 Local Safeguarding Adult Boards (4LSAB) and 4 Local Safeguarding Children Partnerships (4LSCP) Health Subgroups
- AEMRAC – Adult exploitation
- ACDRP - Association of child death review professionals
- Berkshire Joint agency response meetings.
- Berkshire East health team
- Berkshire West Child death review meetings
- Berkshire Named and designated safeguarding professionals health meeting.
- Berkshire Strategic partners meeting
- West of Berkshire Safeguarding Adult board
- Buckinghamshire, Oxford, and Berkshire (BOB) Child Death Overview Panel (CDOP)
- BOB Integrated Care Board (ICB) Countrywide Safeguarding meeting
- BOB ICB Designated safeguarding professionals meeting.
- BOB ICB Health partners strategic safeguarding committee

- BOB strategic care home performance meeting
- BOB ICB Learning from deaths group.
- BOB DHR Panel
- Bracknell Forest CDOP
- Bracknell Forest QA Group
- Buckinghamshire Safeguarding Children Partnership.
- BSAB – Buckinghamshire Safeguarding Adult's Board.
- Hampshire Safeguarding Adult and Children Boards (HSAB / HSCP) Portsmouth Safeguarding Adult and Children Boards (PSAB / PSCP)
- Hampshire and Portsmouth Safeguarding Adult Review (SAR) & Serious Case Review (SCR) Subgroups
- Hampshire Police Joint Agency Response (JAR)
- Pre-LIG. Health specific discussions of cases in preparation for LIG
- Hampshire Safeguarding Children Partnership Learning and Inquiry Group (LIG)
- Hampshire S42 Adult Safeguarding meeting
- Hampshire Alcohol services task & Finish group
- 4SAB (Hampshire, Portsmouth, Isle of Wight, and Southampton) Safeguarding Adults
- NHS E&I Southeast – HIOW Safeguarding Forum
- Hampshire Safeguarding Children Partnership Learning and Inquiry Group (LIG)
- Hampshire, Isle of Wight, Portsmouth and Southampton (HIPS) CDOP
- Milton Keynes Child Death Board
- Oxfordshire Safeguarding Adult's Board.
- Portsmouth Safeguarding Children Partnership Learning from Cases Committee
- Portsmouth Multi agency risk managements
- Portsmouth Alcohol Task Group
- Portsmouth Domestic Homicide Review
- PSCP Learning from Children and Practice Committee.
- Royal Borough of Windsor and Maidenhead (RBWM) Adult and Children Joint Safeguarding Executive Steering Group.
- RBWM Adult Exploitation Subgroup
- RBWM Multiple Agency Risk Assessment Conference (MARAC)
- RBWM Case Review Group
- RBWM Childrens and Adults Safeguarding Case Review Group
- Reading Serious Adult Review Panel
- Southampton Serious Incident and Learning Group (SILG)
- Slough Safeguarding Adults Review Panel
- Slough Asylum Seekers Safeguarding meeting.
- Slough Partnership event
- Slough Tactical group
- Slough Violence workshop
- Southampton Serious incident and Learning Group.
- Southampton City Council Safeguarding Board
- Southampton Safeguarding Adult's Board.
- Southampton Safeguarding Children Partnership.
- Southampton Safeguarding Practice Improvement Group (SPIG)
- Sussex East Operations Subgroup
- Sussex East Safeguarding Adults Board
- Sussex West Learning meetings
- Wokingham Domestic Abuse (DA) Networking Group

2.3 Whilst there is a defined SCAS footprint, the 111 service receives calls outside of this area (15% of calls). If there is a safeguarding issue raised following one of these calls, there is sometimes a requirement for a member of the SCAS safeguarding team to attend meetings in relation to patients out of area.

3. Safeguarding Governance/Accountability Arrangements

3.1 The Chief Nurse is the accountable Executive Director for safeguarding of vulnerable groups including children and adults at risk. This enables the Trust to fulfil its functions in partnership with others and secure effective operation of LSCP/SAB functions and ensuring the organisation is effectively engaged.

3.2 In addition, the Associate Director Safeguarding provides a safeguarding report to the Patient Safety Delivery Group, Patient Safety Group, Quality and Safety Committee, the Safeguarding Committee and the Trust Board, this provides safeguarding activity information to these groups, detailing progress against Serious Case Review (SCR) action plans, legislation and Trust safeguarding activity.

3.3 The Quality and Safety Committee, Trust Board and the Safeguarding Committee is just one vehicle to assess performance of the Safeguarding Service.

3.4 Due to the nature of the safeguarding 'business' there are many medians used to assess performance which are monitored by outside bodies such as the Care Quality Commission, the Integrated Care Boards and Safeguarding Boards. These bodies provide external scrutiny and governance.

3.5 All Local Safeguarding Children Boards and Safeguarding Adult Boards (LSCBs and SABs) require a yearly 'Section 11' audit or equivalent. This is an annual audit which assures the Safeguarding Boards as to whether an organisation has met its duty to safeguard.

3.6 In addition to section 11 audit there have been 9 audits undertaken during the year including:

- Deep Dive into emerging theme of sexual behaviours of staff - February 2023
- Quality of Safeguarding Referral audit – February 2023
- SCAS Self-Assessment Oxfordshire - January 2023
- Non mobile baby Audit – March 2023
- Delayed Referrals Audit – December 2022
- DA referral Audit – February 2023
- BDO Audit – October 2022
- Referral data report – Buckinghamshire February 2022.
- Rapid Appraisal Review undertaken by external Safeguarding specialist – July 2022.

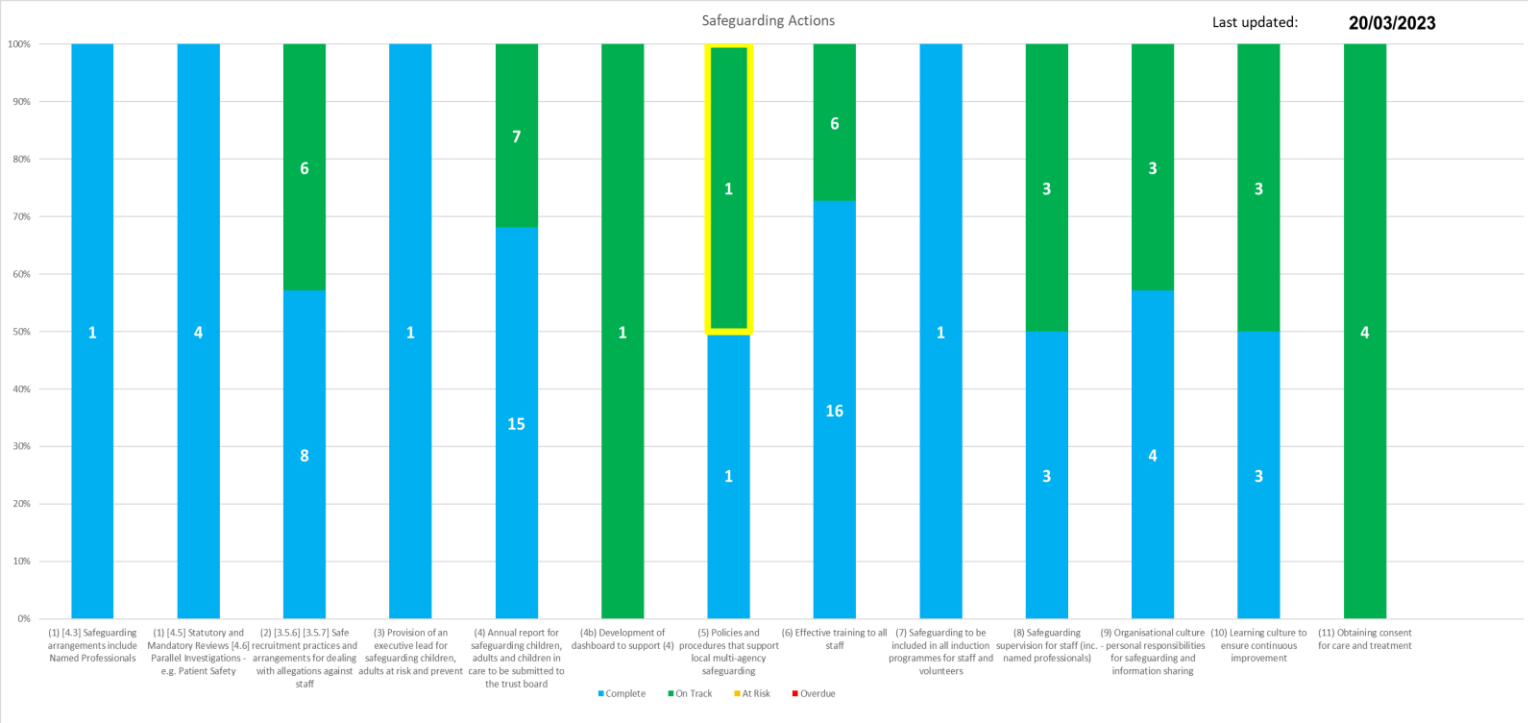
The progress of these is monitored via the Safeguarding Committee and actioned in the Clinical Governance Lead meetings.

3.7 In addition, there have been 7 Serious incidents (SIs) related to safeguarding in 2022/23 with 6 related to missed referrals due to the fragility of the Docworks platform. Docworks collects processes and collates inputs e.g., Safeguarding Referrals for a variety of sources, by the

Common Format processor, which converts all inputs into a common format for creation of a standard PDF output. The PDF is then passed to the Transport Portal to be reviewed and delivered in a controlled, secure and audited fashion to the external parties by emails (Safeguarding teams within Local Authorities, Police and Fire Services). In five cases all actions have been addressed with work associated with the Safeguard Improvement Plan. One relates to 111 and not understanding the bruising protocol - both actions completed. The final case is ongoing.

3.8 **Appendix 2** provides a copy of the Safeguarding Workplan aligned to the 11 criteria within in the Safeguarding Accountability and Assurance Framework (SAAF) July 2022 which has been one vehicle to determine progress against the CQC Inspection. All actions are on track as described in project in a page below (as of 20 March 2023). This is a diagram to demonstrate whether the numerical tasks associated with the 11 criteria are complete (blue), on track (green), at risk (yellow) or overdue (red bar on diagram). The highlighted example (in yellow outline) shows when a new task is added.

Figure 1



4 Training

4.1 The provision of Safeguarding children and adult training is a statutory requirement of all Acute Health Care Providers. All staff working within SCAS have a duty to safeguarding and promote the welfare of children, young people and adults within the Trust. SCAS assesses the level of Safeguarding children and adult training in line with the Intercollegiate Document (2019).

4.2 Training Compliance (as of 19th April 2023)

Figure 2

Course Title	Target	Actual
Adult SG L1	95%	95%
Children SG L1	95%	95%
Adult SG L2	95%	95%
Children SG L2	95%	95%
SG L3 (Adults and Children)	95%	63.2%*
Basic Awareness Prevent	95%	90%
Awareness Prevent (L3)	95%	74%

** To note: Safeguarding Level 3 (L3) compliance was 18.4% September 2022*

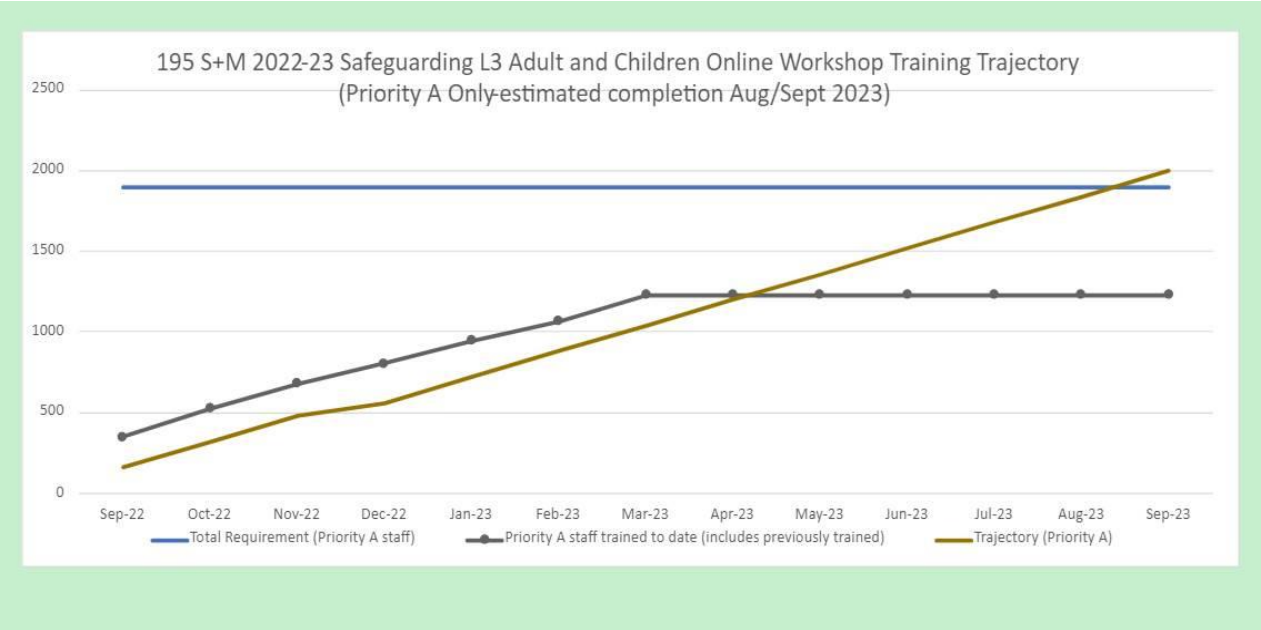
4.3 A Training Strategy and Plan was agreed in November 2022. This plan see a complete review of training packages being delivered across the trust. Following this review, the 6 different variations of the safeguarding level 2 course in circulation across the trust was reduced to one standardised course. This standardised course was modified to reflect current safeguarding guidance and legislation. Additionally bespoke modules tailored to each service line can be added to ensure unique challenges experienced by individual service lines are addressed.

4.4 The following safeguarding training programmes were delivered throughout 2022/23 and will continue to be delivered through 2023 into 2024.

- Safeguarding induction delivered during corporate induction by Safeguarding Team.
- Due to timetable restrictions Patient Transport Services deliver a combined induction/L2 presentation during the first week.
- The emergency of centre (*EOC) staff have a separate safeguarding induction/training programme which is bespoke to the unique requirements of the call centre environment.*
- Frontline/patient facing staff, Newly Qualified Paramedics (NQPs), Emergency Care Assistants (ECAs). Associate Ambulance Practitioner (AAPs) and Ambulance Care Assistants (ACAs) undertake a 3-hour level 2 face to face safeguarding session as part of their training course delivered by education facilitators and managers. These were identified as Priority Group A for training delivery.
- Safeguarding Adult level 1 and Safeguarding Children level 1 accessed via Electronic Staff Reporting eLearning platform which is mandatory for all staff.
- Safeguarding Adult level 2 and Safeguarding Children level 2 accessed via ESR eLearning platform mandatory for specific staff dependent on role.
- Safeguarding Combined Adults and Children level 3 has been delivered to clinical grade staff via Teams by an external company called Making Connections since September 2022.

4.5 The trajectory as of 19 April 2023 was met for Priority Group A – see figure below.

Figure 3



4.6 In addition to the standardised programme, there have also been comprehensive bespoke packages of training delivered as described below:

Allegations and Section 42 Training

4.7 Training developed by the Safeguarding Team on Allegation Management (one hour) and Section 42 enquiries (30 minutes) has been delivered approximately 8 times to groups mainly consisting of Team Leaders, Clinical Team Educators (CTEs) and Educational staff. The plan is to continue delivering this training to all node (geographical operational areas) level one meetings and any other specific groups where it is highlighted that the training would be beneficial.

Local Authority Designated Officer (LADO)

4.8 There has been training delivered by the LADO responsible for the Portsmouth area to the Safeguarding Team and HR colleagues. The training focused on the role of the LADO and when they should be contacted and the reason for their involvement. Further training sessions have been delivered to Operational Managers by the LADO for Bracknell Forest.

Disclosure and Barring Service (DBS)

4.9 Training course delivered to the Safeguarding Team in May 2023 by the Regional Outreach Advisor for the DBS Service on the legal duty to refer. A total of three training sessions have been delivered to SCAS colleagues with further training planned for 2023-2024.

Education CPD Training

4.10 In December 2022 a Continuing Professional Development safeguarding training day was organised by Educational Development and the Safeguarding Team for Education colleagues, The training consisted of:

a) A SCAS safeguarding update from the Named Professional Adult.
b) Process for referring to a Local Authority Designated Officer delivered by the LADO for Bracknell Forest.
c) Domestic Abuse – a survivor's story
d) Modern Slavery – delivered by a Central Specialist Crime Officer, Metropolitan Police.

4.11 A separate bespoke training course was delivered to the Education Driving Team by the Safeguarding Team in January 2023 as part of their CPD day.

UCAS Students

4.12 There are approximately 330 university students across our 4-partner university and the following safeguarding training has been undertaken by the Safeguarding Team:

a) Safeguarding induction to all new students

b) Level 2 training as requested to approximately 45 students

c) Specific training has recently been delivered to approximately 45 Oxford Brookes Year 3 students, further safeguarding training to be offered to all partner universities.

4.13 Significant investment and focus has been given to the delivery of safeguarding training in 2022/2023.

5 Supervision

5.1 Safeguarding Supervision is the most influential and effective of all the tasks undertaken by Safeguarding Specialists and Named Professionals. Section 11 of The Children's Act (2004) further applies a duty to organisations, to give practitioners "sufficient time, funding, supervision and support to fulfil their child welfare and safeguarding responsibilities effectively" and to provide "appropriate supervision and support" for staff.

5.2 Safeguarding Supervision is a formal process, provided by a trusted trained member of staff. This process allows the supervisee to reflect and explore their own practice and develop skills, insight, and knowledge to keep adults at risk and children safe. This protected time is a safe space for challenge and learning and ultimately it aims to improve patient outcomes.

5.3 During the financial year 2022-2023, due to pressures to meet objectives as outlined in the Improvement Plan, Supervision has not been a central focus. It has been targeted to achieve delivery by Quarter 4 2023/2024 as part of the SAAF and improvement journey.

Supervision Plan

5.4 Given below are the key elements of the Supervision Plan for 2023/24:

- Number of staff in Priority Group - 1215
- Roles in Priority Group - Nurses, Paramedics, Newly Qualified Paramedic, Team Leaders, Clinical Team Educator, Clinical Operations Manager
- Named Professionals trained in Safeguarding Supervision
- 2 Specialists being trained in June 2023
- Group Supervision – (15 in each group)
- Quarterly delivery of supervision to the Priority Group
- KPI's agreed must attend 75% or three out of four sessions
- Drop in's twice a year for any one.

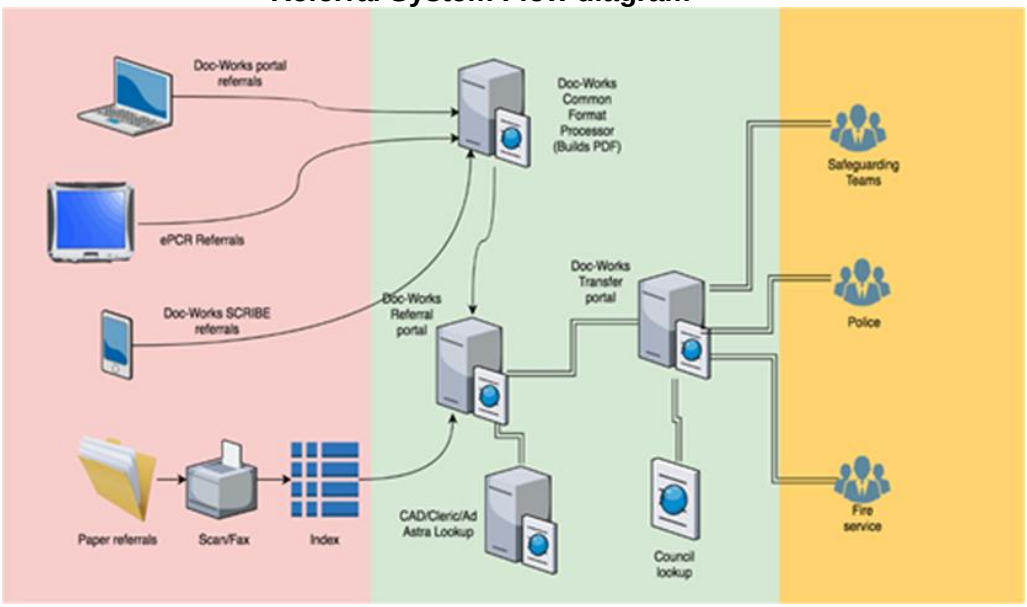
5.5 Until the commencement of formal supervision sessions, the following mitigations are in place:

- Recorded sessions e.g. Those that are discussed and do not reach allegation threshold.
- Ad hoc – advice calls e.g., Staff member victim of DA
- Debrief e.g. After difficult situations.

6 Safeguarding Referrals/Alerts (including IT update)

6.1 SCAS uses a system within the Clinical Directorate called 'Docworks' which is used to support several activities within the organisation. This includes the safeguarding referral process. The system has frequently demonstrated failures and fragility of the current provision. Throughout 2022/23, the ICT (Information Technology) Risk associated with the referral process, has been the highest risk on the Safeguarding Risk Register. It is currently scored at 25 (as of April 2023). **See Risk Register Appendix 3 dated April 2023**

Figure 4 **Referral System Flow diagram**



6.2 The diagram above illustrates an innovative system and allows staff to submit referrals from wherever they work. However, the system has failed on several occasions over the last 2 years resulting in safeguarding referrals being delayed and/or missed with the potential to place patients at risk.

6.3 There are several mitigations in place which have been introduced throughout the year which include:

- Read receipt
- Development of a traffic light system to show any 'held' referrals
- Agreed audit cycle
- Project Manager aligned to the Docworks migration
- Manual referral process instigated by the Safeguarding Service to reduce delay if there is a system failure
- Increased relationship building between Docworks and SCAS.

Additional referral problems - Omission of key data by referrer

6.4 Referrals are sent to the appropriate local authority/agency via the Safeguarding server. The server determines the local authority/external agency location by using a postcode. If any information (postcode/address etc.) is missing then the referrals are held in the server for the SCAS Safeguarding team to review and then send on manually. This causes additional work for the team as there is then a requirement for other SCAS systems to be interrogated for the additional data needed.

6.5 The current Safeguarding referral process has undergone a comprehensive risk assessment and due to the significance of the associated risks relating to this current process to safeguarding adults and children it has a risk score of 25 (as at time of report).

6.6 As a result of this high risk the safeguarding team and DocWorks have undertaken a project to improve the system.

6.7 This project will provide a secure web based "store and forward" system that can take safeguarding (and other referral) forms in a variety of formats. Once in the system, the appropriate checks are done to identify the correct recipients, and if it not 100% clear who they should be sent to, then the form is placed on hold, ready for the Trust's safeguarding team to check, correct if needed and then release.

Safeguarding referral form redesign

6.8 The safeguarding team have developed an algorithm led form which ensures key information is collected and whether the referrals meet the statutory thresholds. This new process also ensures mandatory fields such as postcode are mandatory, and this will reduce the amount of held referrals on the server.

Increased access to the referral system

6.9 This project will also improve functionality across the trust and allow for patient transport team members to move away from calling in the safeguarding referrals and using a third party to complete the web-based form to being able to make the referrals directly from their own handheld device.

6.10 There have been two major reviews of the digital referral system to understand the instability issues. These reviews consisted of a BDO Audit (internal auditors report) - Safeguarding Referrals System Review undertaken in October 2022 and a Technical Assessment Report into DocWorks by the SCAS IT team in November 2022. Action plans have been monitored through the Safeguarding Committee.

6.11 Both investigations recommend moving the digital referral system to a managed service, hosted by Docworks. This is planned for the 12 June 2023.

6.12 In preparation the following actions have been taken:

- Completion and approval of a Standard Operating Procedure for the completion of safeguarding referrals
- Subject Matter Expert input to a referral form that incorporates triage questions and mandatory fields
- Overview by local authority partners to provide input to the completed version
- Completion and approval of three associated Data Protection Impact Assessment (DPIAs).
- Inclusion in Level 2 and 3 safeguarding training in how to complete a referral
- Feedback to staff following audit of referrals
- Introduction of monthly plaudits
- Safeguarding Service team members have received training by DocWorks regarding the referral process.

Child Protection Information System (National)

6.13 The Child Protection-Information Sharing service (CP-IS) helps health and social care professionals share information securely to better protect:

- Children with looked after status
- Those who have a child protection plan
- Expectant women who have an unborn child protection plan.

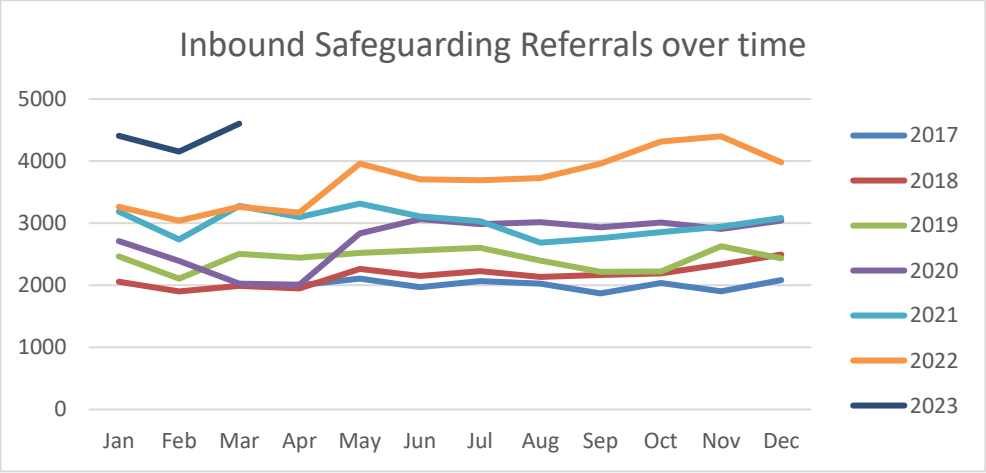
6.14 It is recognised by NHSE as best practice to ensure all health trusts have access to it. SCAS and SWASFT (South Western Ambulance Service Foundation Trust) are in the process of achieving this which was described in Safeguarding Committee on 12 May 2023. This change is planned for release in 2023.

Safeguarding Referral Activity

6.15 The Safeguarding referral numbers are generated form the Computer Assisted Software (CAS) 120 ePCR (Electronic Patient Care Record) by frontline crews and account for 39% of all safeguarding referrals with CAS 120 'scribe' referrals accounting for the rest (PTS and 111). The dashboard used for the data collection has been refined in response to the Rapid Appraisal Review in July 2022. It is at its final stage with user testing to be completed.

6.16 The graph below shows the increase in referrals in the past four years. The overall total safeguarding referral activity has **increased by 72%**. In the first three months of 2023, **there is a 38% increase from the same period last year**.

Figure 5



6.17 A rapid review of the upward trend in 2022 shows a potential improvement following the CQC inspection 'in May 2022, with increased focus on Safeguarding and a potential positive response to the start of Safeguarding Level 3 training which commenced in September 2022.

6.18 Other factors related to an increase in referral are:

- The introduction of a new safeguarding team
- An increase in high profile safeguarding cases within local and national media
- New policies and processes and improvement measures as a result of the CQC report published in 2021/2022

- Increased auditing and feedback from the safeguarding team, new training and other SCAS campaigns.

Current 2022/23 Position

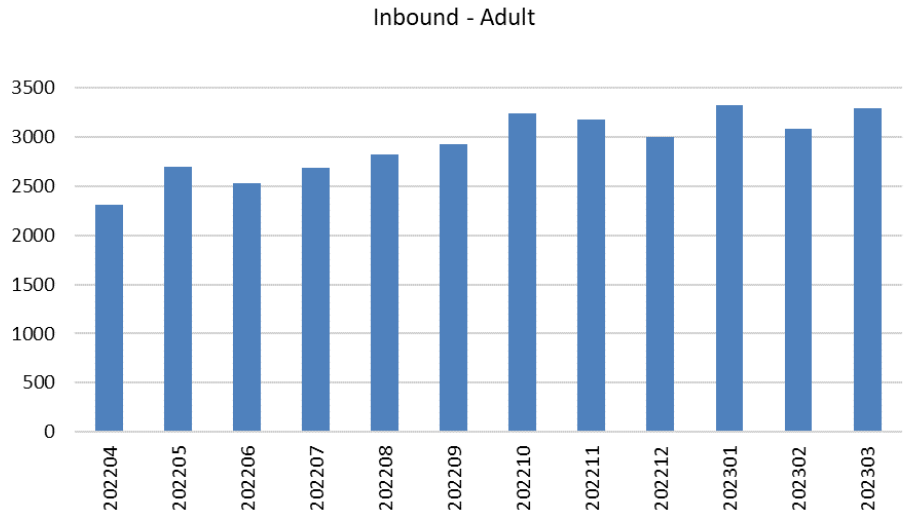
6.19 The Total Safeguarding Referral numbers for 2022/23 are:

- Total Adults 35,086
- Total Child 12,967
- Total not recorded 3,850
  (unable to establish if adult or child due to incomplete referral form)
- **Total for all 51,903**

Safeguarding Adult concerns

6.20 There have been a total 35,086 Adult referrals in 2022/23 with the highest reporting figures being October 2022, January 2023, and March 2023

Figure 6



Adult Referrals

6.21 A safeguarding referral does not necessarily mean there has been abuse, omission of care or neglect but is a concern that there may have been. All adult safeguarding concerns are coordinated by the DocWorks system which gives the SCAS Safeguarding Team data regarding number and type of referral to be collected and analysed.

6.22 Adult safeguarding duties apply to an adult who:

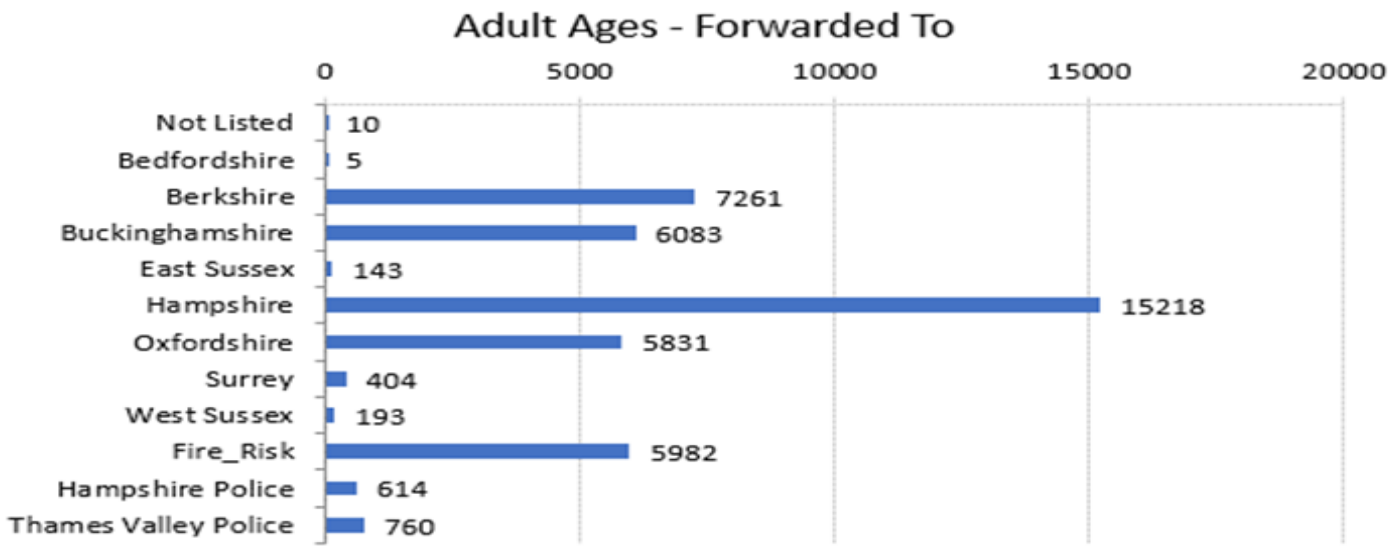
- Has needs for care and support (regardless of if the local authority is meeting any of these needs)
- Is experiencing, or at risk of abuse or neglect
- As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

6.23 Currently SCAS use one referral form for our local authority partners and this can cause challenges as

cases may not meet the criteria for a safeguarding referral instead focusing on the welfare needs of an individual.

6.24 Following audit and closer scrutiny referrals do not always meet the Care Act (2014) thresholds for safeguarding duties and other referral routes may be more appropriate to support the person, for example signposting to other welfare services.

Figure 7 **2022-2023**



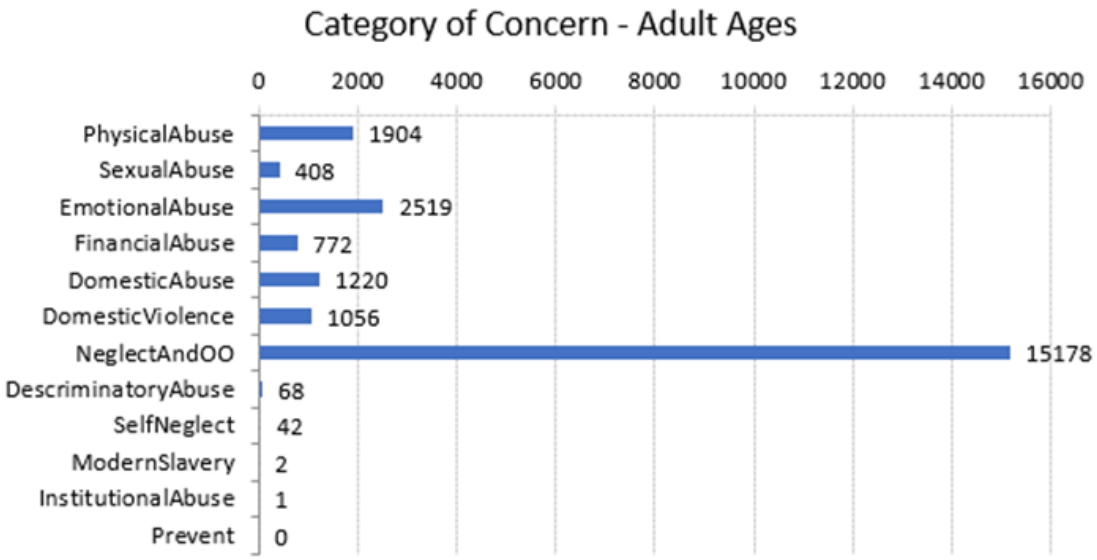
Analysis of referral destinations

6.25 Figure 8 above demonstrates that Hampshire has the highest proportion of safeguarding referrals for adults, and this is aligned to the proportion of children's referrals. It also corresponds to our trust operational delivery where Hampshire has the highest number of calls for a single area. Whilst we have seen a general increase in reporting the distribution of referrals is similar to 2021. This indicates that there is an increase generally but no specific theme or change in a local area.

Referrals data – abuse category – Adults

6.26 The Care Act (2014) categorised the types of abuse adults experience recommended 10 categories of concern for adults. These categories are recorded in the safeguarding referrals.

Figure 8 **2022-2023**



Analysis of Abuse types

6.27 Neglect and acts of omission continue to be the highest area of concern reported. This is in line with other agencies reporting. The significant increase in 2022-2023 compared to 2021-2022 could be attributed to changes in the social economic crisis in the UK with high rates of inflation leading to increased cases of neglect. Reference - Bywaters et al: the relationship between poverty and child abuse and neglect, March 2022.

https://www.researchgate.net/profile/Guy-Skinner-2/publication/359521182_Technical_Report_-_The_Relationship_Between_Poverty_and_Child_Abuse_and_Neglect_New_Evidence/links/6242d09521077329f2dea8af/Technical-Report-The-Relationship-Between-Poverty-and-Child-Abuse-and-Neglect-New-Evidence.pdf

6.28 Domestic Abuse and violence reporting has also increased. This trend has been increasing since the sharp increase during the COVID-19 pandemic. National media campaigns and high profile cases alongside promotional/awareness campaigns by the safeguarding team and the HR department in December 2022 may have contributed to this increase in reporting. Again the cost of living crisis is likely to have an effect on increased cases as families struggle with rising costs. Whilst not included in this paper there numorous scholary articles around the corollation between the cost of living crisis and increased referrals to social care.

6.29 PREVENT reporting remains low in our organisation, however, this is common across all similar agencies (Police/fire/social care) and a recent independent review into the PREVENT system has made recommendations for change around this process. Within SCAS the PREVENT referral pathway is being reviewed and an new process developed along with a focus on increased awarness and reporting.

https://www.gov.uk/government/publications/independent-review-of-prevents-report-and-government-response

Origination of the Referral

6.30 Data recording of origin is the same for both adults and children. CAS 120 ePR are referrals generated by frontline crews and account for 41% of all safeguarding referrals across SCAS with CAS120 scribe referrals made by SCAS Patient Transport Service and clinical coordination centres for 999/111 calls accounting for the rest.

Figure 9

Referral Type	April 2022	May 2022	June 2022	July 2022	August 2022	September 2022	October 2022	November 2022	December 2022	January 2023	February 2023	March 2023	Total for 12 Month Period
CAS120epr	1434	1701	1568	1541	1671	1636	1930	1997	1904	1974	1811	1879	21046
CAS120Scribe	2016	2601	2469	2429	2286	2579	2733	2771	2386	2815	2652	3074	30811

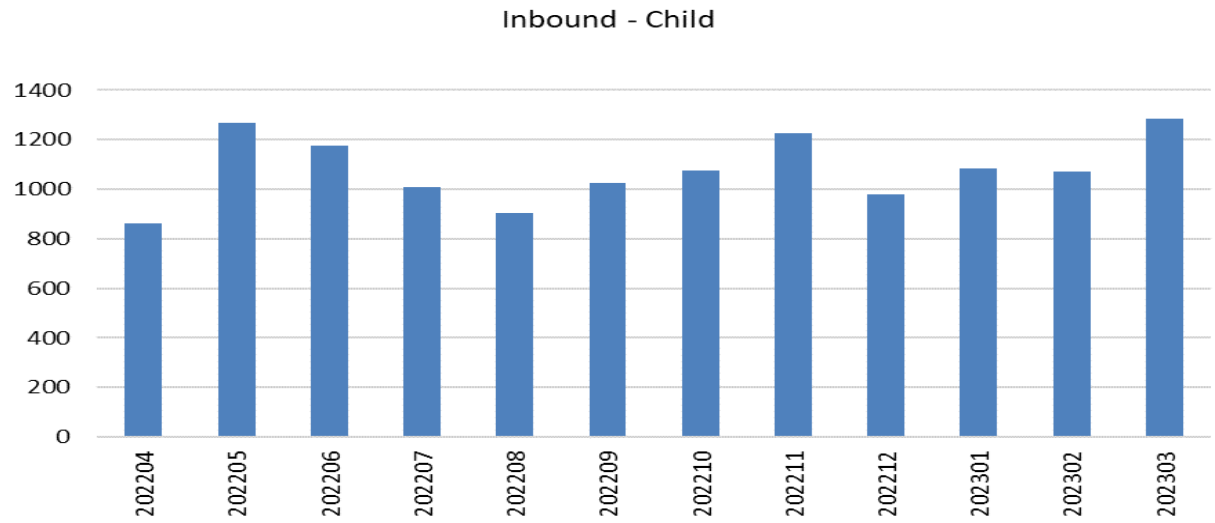
Other Safeguarding referral improvement work for noting

6.31 Safeguarding Level 2 and Level 3 training now includes how to make a high quality referral. This has already been rolled out for EOC/111 staff but will be rolled out across the rest of the trust from the end of May 2023.

Safeguarding Children concerns

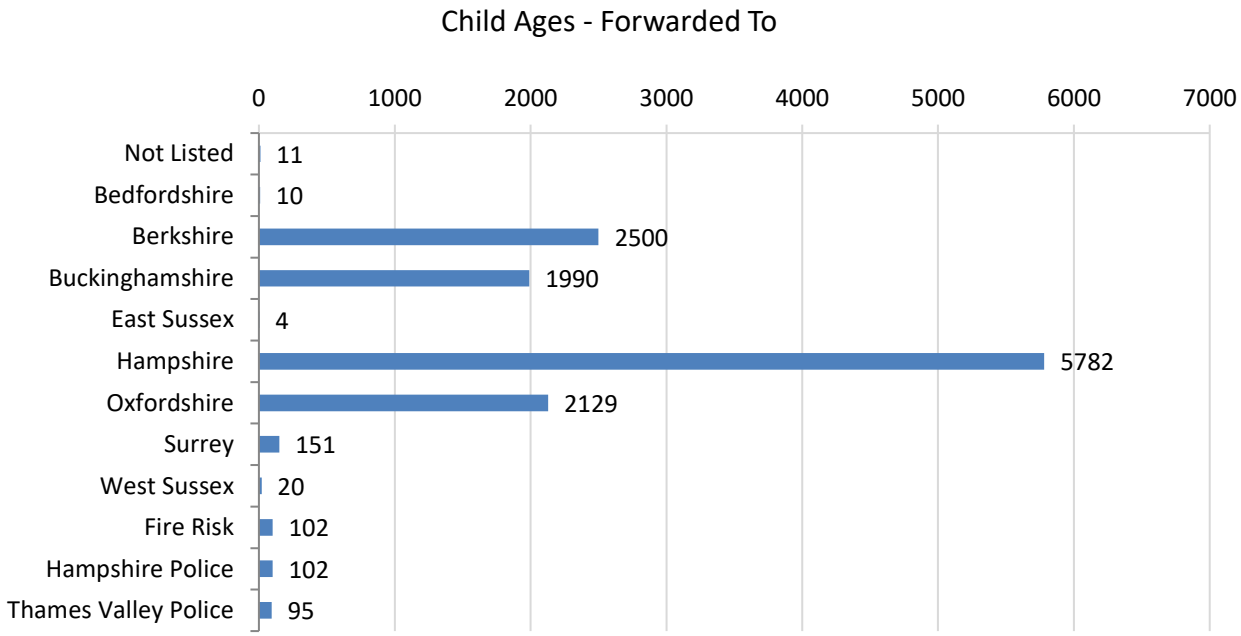
6.32 There have been a total of 12,967 Child referrals in 2022/23 with the greatest reporting months being May 2022, November 2022, and March 2023.

Figure 10



6.33 Hampshire and Berkshire are the biggest areas for referrals for children, with Oxford receiving a significant number. Referrals to Police in both Hampshire and Thames Valley are on par. Fire risks are not as high for children and they are usually counted in the adult safeguarding figures. In addition, data is reliant on the crews inputting the correct data at source.

Figure 11



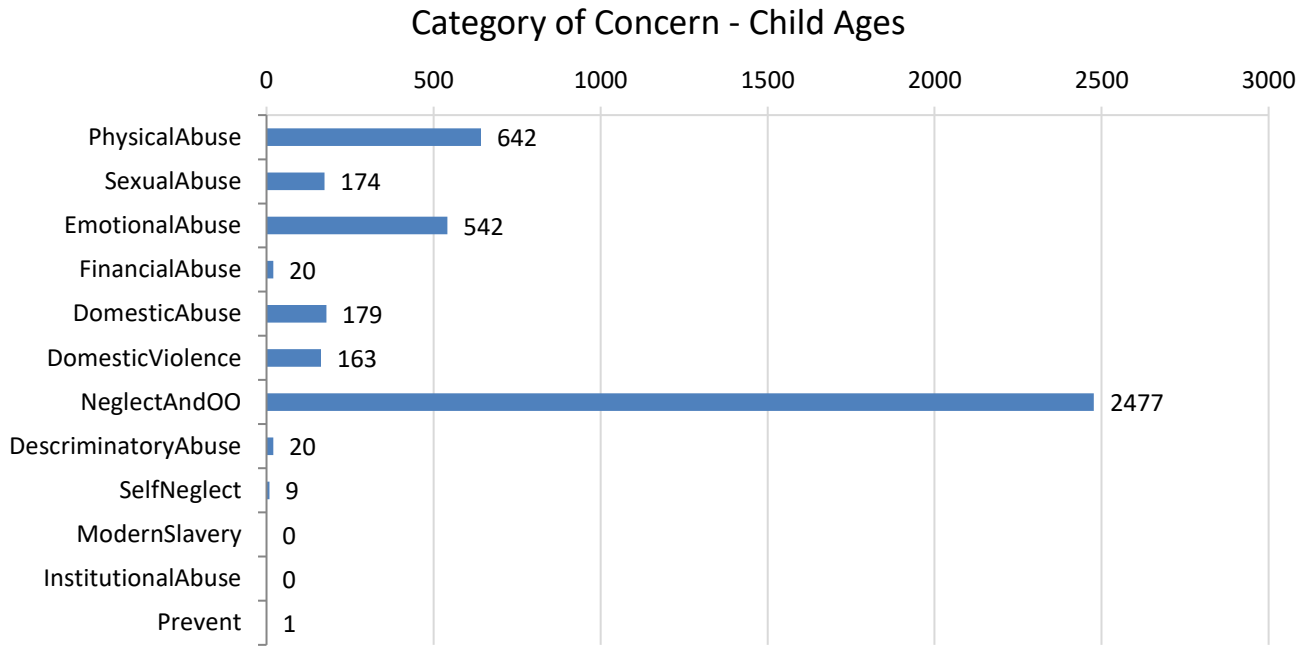
6.34 When viewed across the year 2022/23, referrals sent on to Hampshire are increasing exponentially. There are approximately 322,00 children living in Hampshire, 124,146 children in Berkshire, 161,820 in Buckinghamshire and 167,00 in Oxfordshire. The almost double number of children in Hampshire may explain the large number of referrals being sent to Hampshire Local Authority.

Categories of abuse

6.35 There are four legal categories of abuse for children: Physical, Sexual, Emotional and Neglect. SCAS systems record additional sub catergories as it is recognised that children can be exposed to other types of absue such as modern slavery and radicalisation which generate different referral types for example PREVENT referrals for those children believed to be at risk of radicalisation. This is why figure 13 shows 7 catergories of concern.

6.36 In addition to abuse, as seen in graph below, the highest area of concern for children is that of neglect. Crews often attend homes where there has not been time to ‘prepare’ or clean up before a professional arrives and ambulance staff are in the unique position of seeing how children are spending their everyday life. To address this theme, neglect is included it in training at Level 2 and 3, with slides that discuss child development, Adverse Childhood Experiences (ACEs) and describes factors associated with neglect.

Figure 12



6.37 Feedback from the Local Authorities (LA) to crews through the Safeguarding team in the past has not been consistent. A process for LA feedback will be a priority for 2023/2024.

6.38 There has been some internal feedback provided since December 2022 via a newly formed 'Plaudit' system which recognises 'above and beyond' practice by trust staff. This is sent from the Executive Chief Nurse directly to staff. Staff have been invited to share their stories at Trust Board and Safeguarding Committee.

6.39 In addition, during the audit cycle from December 2022, staff have received feedback as a result of their referral submission, detailed in the random audit cycle. This provides feedback on their 'scoring' as identified by the audit panel as to quality and accuracy of their referral. Staff are also contacted ad hoc for support in providing a referral or for advice.

6.40 To understand if a referral has 'converted' to a safeguarding process or not, is a good measure for SCAS to determine if referrals are appropriate. This will be a priority for 2023/2024 as it will provide a key indicator for the appropriateness and quality of a referral.

7 Learning Disability (also recorded in MH and LD Annual Report 2022/23)

7.1 The Mental Health (MH) and Learning Disability (LD) Team introduced the role of Learning Disability Specialist in November 2022. The priority of this post is to focus on service improvement for learning disability and neurodiverse patients, as well as internally, support for staff with learning disabilities and/or neurodiversity. The key aims are:

- Determining the key strategic priorities for SCAS, incorporating the wider learning disability agenda to deliver vision and the strategic objectives. This will improve the patient experience and journey for those with learning disabilities and those that are neurodiverse.

- Act as the Subject Matter Expert (SME), supporting our colleagues across SCAS to continuously learn and improve service development and delivery; to implement SCAS vision in support of those with learning disabilities and those who are neurodiverse. (We will do this by using learnings from our internal and external complements, complaints, and feedback, ensuring we include the voices of patients, family and carers of people with LD and autistic people.)
- Represent SCAS externally in commissioning and strategic groups, promoting innovative working regarding service improvement and care for those with learning disabilities and those who are neurodiverse; further ensuring any national or regional learnings are adopted throughout SCAS.

Achievements of 2022/2023

7.2 The Learning Disability Specialist role since November 2022.

- Completed 29 out of 32 actions on the Learning Disability Standards action plan that accompanied the Learning Disability Strategy.
- Updated training materials for ambulance crew training and 999 and 111 call handlers, to enable them to better understand how to support patients with learning disabilities and neurodiverse patients.
- Celebrated Neurodiversity Celebration Week in March 2022 with internal Yammer posts and on the intranet.
- Engaged with Learning Disability Partnership Boards and charities across SCAS region to gain patient and family feedback, and work towards co-production.
- Engaged with Learning Disability Liaison nurses in hospitals and community learning disability teams to work together to improve our services for patients when travelling to hospital.
- Engaged with Learning Disabilities Mortality Review (LeDeR) panels across the region.
- Enabling the Oliver McGowan training module to go live on our e-learning platform and is now mandatory for all staff (as of April1 2023).
- Supported SCAS education department to implement reasonable adjustments for staff.
- Undertook an independent audit of our operational ambulances by Autism Champions to look for future opportunities to make our ambulance more accessible and adaptable.

Learning from Lives and Deaths of People with a Learning Disability and autistic people (LeDeR)

7.3 Local Integrated Care Boards (ICBs) are responsible for holding LeDeR reviews to explore areas of learning, opportunities to improve, and examples of excellent practice. As a health trust, SCAS are responsible for providing information for any patient reviews whom we have provided any care and treatment for and be part of any multi-agency discussions about how the trust could contribute to the improvement of services for people with learning disabilities and autistic people.

7.4 Previously, the Safeguarding Service were limited to only supplying information for LeDeR reviews. However, the new Learning Disability Specialist position has enabled SCAS to actively engage with LeDeR panels across all ICBs in our footprint, to ensure SCAS are part of any learning and to support the multi-agency response to improving health inequalities for people with learning disabilities and autistic people.

7.5 Between 2022-2023, SCAS were not directly involved in any LeDeR reviews. This information will now be logged separately.

The Oliver McGowan Mandatory Training on Learning Disability and Autism

7.6 One of the SCAS mandatory e-learning modules for 2023-2024 is The Oliver McGowan Mandatory Training on Learning Disability and Autism. This national module was developed in response to the Health and Care Act (2022), which introduced a requirement that regulated service providers should ensure their staff receive training on learning disability and autism. The training has been co-produced with people with lived experience of learning disability and autism, trialled, and independently evaluated.

7.7 The aim of the training is to reduce health inequalities and improve services. This e-learning module is the first part of a two-tier training programme for health and social care staff. As part of SCAS' commitment to patient care and learning more about learning disabilities and autism, all staff are required to complete the online learning module. The second part of the tier 1 and tier 2 training will be rolled out by local ICBs in future months.

8 Child Death Reviews

8.1 In line with national guidance, the Safeguarding Service represents SCAS, as a 'health voice' at the trust wide Child Death Overview Panels (CDOP) panels.

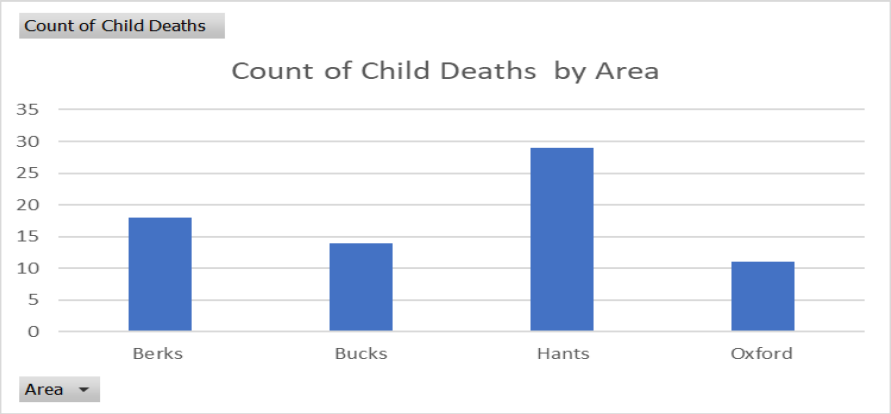
8.2 In addition, the Safeguarding Service represents the Trust at Joint Agency Response (JAR) meetings in response to unexpected child deaths where children are known to reside locally or have been known to SCAS.

8.3 The data collection for child death for 2022/23 has been inconsistent due to several factors; information provided to the safeguarding service as a 'paediatric arrest' being unreliable and the historical lack of a functional working relationship with CDOP's. The Named Professional Children is the lead for this area and a standard operation procedure is now in place for child death reviews.

8.4 Noting the potential unreliability of data, the Safeguarding Service were aware of 69 paediatric cardiac arrests in 2022-2023, averaging one a week. Of these 69, one was an adult, two achieved Return of Spontaneous Circulation (ROSC) and 5 were not recorded on the current systems.

8.5 In total the safeguarding service responded to 62 child deaths. The graph below shows that Hampshire had the highest recorded number of child deaths at 29, Berkshire at 18, Buckinghamshire 14 and Oxfordshire 11. There were none recorded as being Out of Area.

Figure 13



8.6 In addition to improved and more consistent data collection, new processes have been developed such as inviting front line staff to attend JAR meetings, Operational Managers to prioritise these meetings for their teams and EOC staff to inform the Safeguarding Service of any child death at the earliest opportunity.

8.7 Since January 2022, the Named Professional Children has attended every JAR alongside a clinical representative to offer support and develop effective working relationships.

8.8 As part of the child death process, there are quarterly meetings held by the Child Death Overview Panel for each area covered by SCAS. These are attended by the Named Professional Safeguarding or Safeguarding Specialist. This forum provides SCAS with a good opportunity for learning.

8.9 There will be significant work completed in 2022/23 on themes derived from the analysis of recent child deaths such as, an emerging theme of child suicide identified in Q1 of 2023/24

9 Significant Case Reviews; Including Statutory Child Safeguarding Practice Reviews, Safeguarding Adult Reviews and Section 42 enquiries

Section 42 Enquiries (S42)

9.1 A Section 42 (S42) Enquiry may follow a safeguarding concern when the concern reaches the threshold for a full investigation as defined within The Care Act 2014. SCAS works with 24 Multi Agency Safeguarding Hubs (MASH) Teams across the SCAS area who will determine when the threshold for a Section 42 enquiry has been met and will supply the Terms of Reference for the investigation.

9.2 For all Section 42 enquiries that are delegated to the Trust, the Adult Safeguarding Team assist the relevant team leader author in the facilitation and completion of the full Section 42 report.

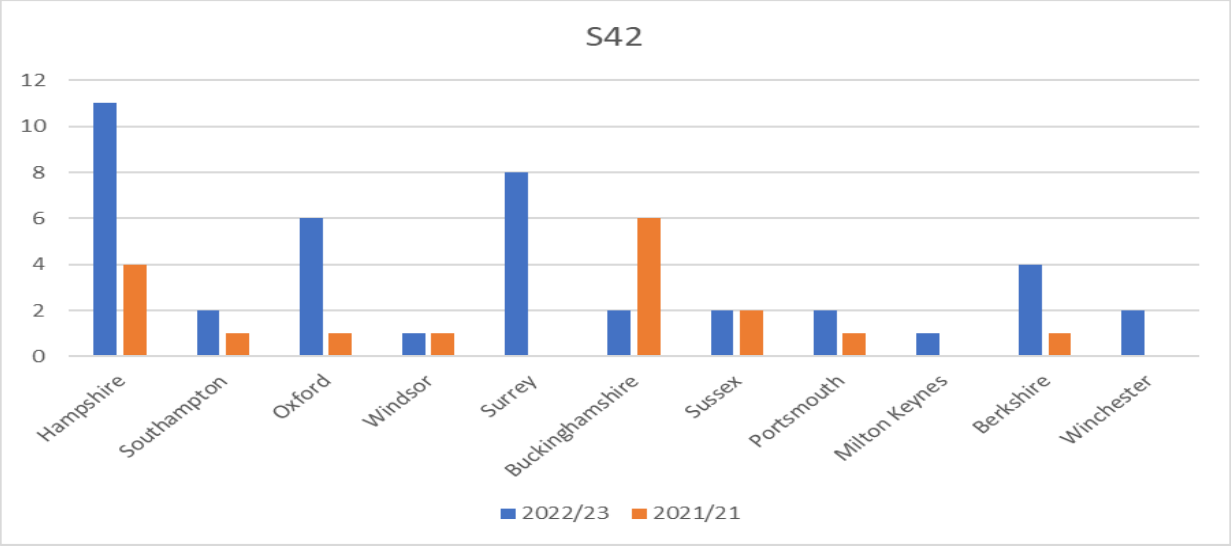
9.3 Each enquiry is taken extremely seriously, an investigation is undertaken, and any identified learning assembled and disseminated.

9.4 All Section 42 enquiries are uploaded onto the SCAS Safety Learning Event (Datix system) The Safeguarding Adult Team offer support to the author of the report for the writing of enquires to ensure the terms of reference are met and to also to ensure the ethos of the Care Act 2014 in that '*Making Safeguarding Personal'* is upheld.

9.5 Training developed by the Safeguarding Team on S42 enquiries (30 minutes) has been delivered approximately 8 times to groups mainly consisting of Team Leaders (TLs), Clinical Team Educators (CTEs) and educational staff.

9.6 During 2022/2023 there were **40 requests** for full Section 42 enquiries. This is a 135% increase in comparison to the previous year (2021/2022). This is positive as it demonstrates more referrals have met the Section 42 criteria. It can also be attributable to the overall rise in referral rates.

Figure 14



Analysis of themes of S42 enquiries

9.7 The main themes which triggered a Section 42 enquiry were:

- Delays in ambulance attendances, with harm/death coming to some of those patients.
- Failed audits by EOC call takers.
- Alleged injuries from PTS when returning patients home.
- Staff behaviour (rudeness)

9.8 The Safeguarding Adult Specialist provides feedback to the service lines via clinical governance leads and topics are included in safeguarding training programme for 2023/24.

9.9 In addition, there have been several examples where themes from SAR have been highlighted in Staff Matters (a SCAS internal communication publication) or Operational bulletins, such as homelessness.

The Care Act (2014) Section 44 Safeguarding Adult Review and Serious Case Reviews Children

9.10 Safeguarding Adult Boards have a statutory duty under Section 44 of the Care Act (2014) to undertake a Safeguarding Adult Review (SAR) when an adult at risk dies or is seriously harmed and abuse or neglect is suspected and there are lessons to be learned about the way agencies could work together to prevent similar deaths or injuries in the future. The same applies to Children under Working Together to Safeguard Children (2018).

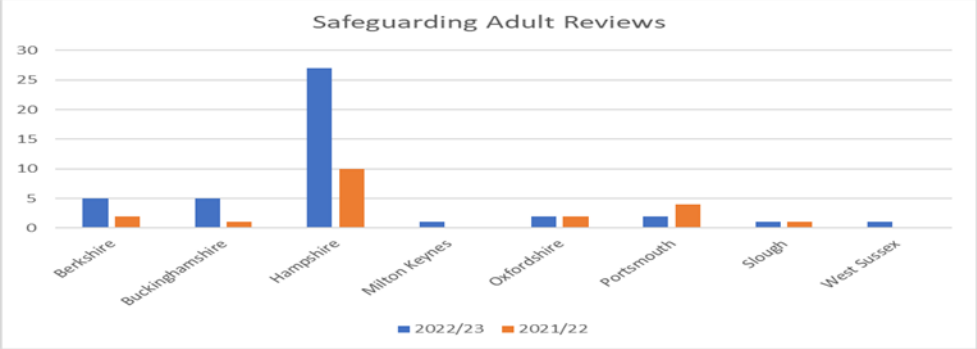
9.11 All SAR and Child Safeguarding Practice Reviews (CSPR) (previously known as Serious Case Reviews) notifications require detailed exploration of Trust IT software systems and clinical records for the relevant adult/child. Statements may be required from key staff involved and on occasions may be followed up with face-to-face interviews.

9.12 The timeframe for each review varies, depending on the nature of risk and the severity of the risk of harm, or the harm caused. The scope period can be in terms of years or months. A detailed chronology is completed, and critical analysis is undertaken. A scoping report is then produced outlining findings and recommendations.

9.13 The total picture for SAR investigations has not changed much since 21/22 – see graph below. The

team contributed to 44 SAR's in 2022/23.

Figure 15



9.14 Learning from Safeguarding Adult reviews (SAR) 2022-2023

In 2022-2023 the safeguarding team contributed to 44 SARs due to the safeguarding team undergoing a period of transition and the varying timescales for SAR publication not all of the SAR feedback has been collated.

What we do have is two SAR cases from 2022-2023 period that have recently been published with the following learning for SCAS:

- There are barriers to effective communication of safeguarding concerns with information sharing across several agencies often be very limited. The SAR's found that Social care services, hospitals and the ambulance service sometimes held individual parts of the picture, but were unable to share this information effectively.
- Current systems and processes prevented members of the public being heard.
- Risk Assessment and making safeguarding personal were not always considered and there is sometimes a lack of professional curiosity and awareness of hidden harms by ambulance crews and other healthcare professionals.
- The impacts of self-neglect and of coercion and control within a situation are not always easy to detect.
- Healthcare professionals do not always understand why victims of domestic abuse may not be easily able to talk about their situation.
- The use of Toolkits such as DASH assessments should be considered when dealing with Domestic Abuse cases.
- Safeguarding referrals should be completed each time a Safeguarding concern is noted by professionals.

9.15 SCAS have taken the learning from these SARS and embedded this learning into the level 2 and 3 safeguarding training packages and published links to the reports through internal communications.

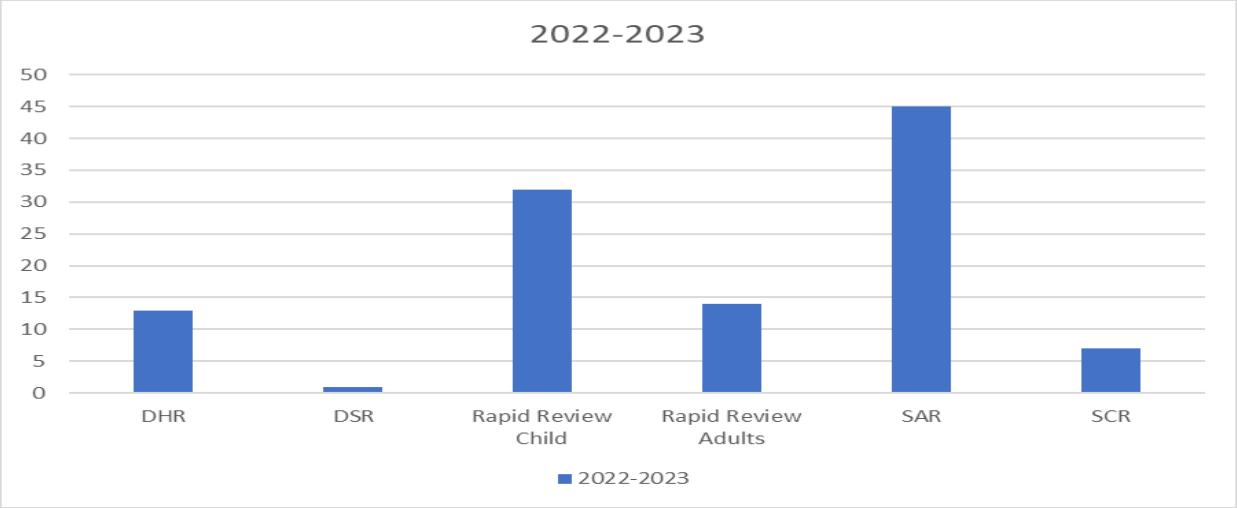
The toolkits such as DASH are already available to crews and the safeguarding team plan to promote these toolkits through supervision and training sessions throughout 2023 and 2024.

9.16 In addition to a SAR process, the Trust has been involved in a total of **45 multi-agency Safeguarding Adult Reviews, 14 Domestic Homicide Reviews and 14 Adult Rapid Reviews,** which met the criteria of Section 44 of The Care Act (2014).

Child Reviews

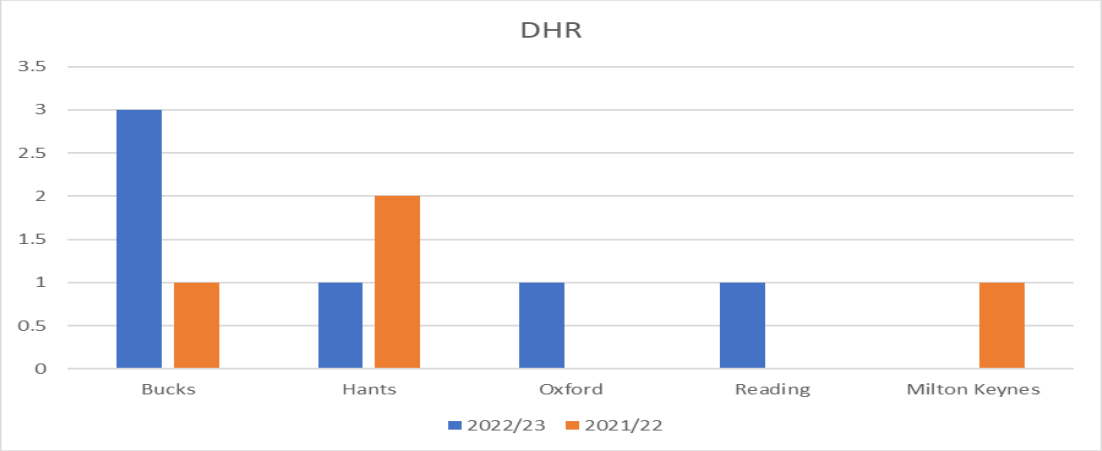
9.17 There have been **7 Safeguarding Children's Reviews and 33 Children's Rapid Reviews**. However, the adult team activity in this area is significantly higher – see below

Figure 16



9.18 The total number of Domestic Homicide Review (DHR) numbers are 14 and spread Trust wide in low numbers.

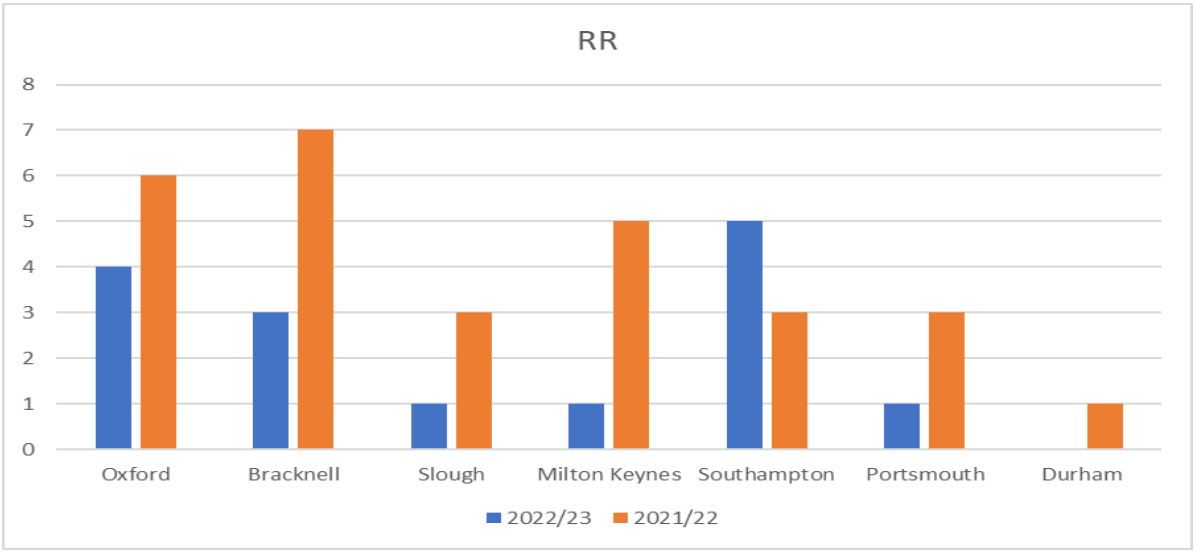
Figure 17



9.19 There were **14 Adult Rapid Reviews**, which met the criteria of Section 44 of The Care Act (2014).

9.20 There have been less Rapid Reviews in this period than last year. Several emerging themes have been identified. These relate to concerns of self-neglect, homelessness, and alcohol/substance misuse. Thematic SAR reviews have been conducted to explore and provide learning with regards to commonalities and differences between cases.

Figure 18



Child Reviews

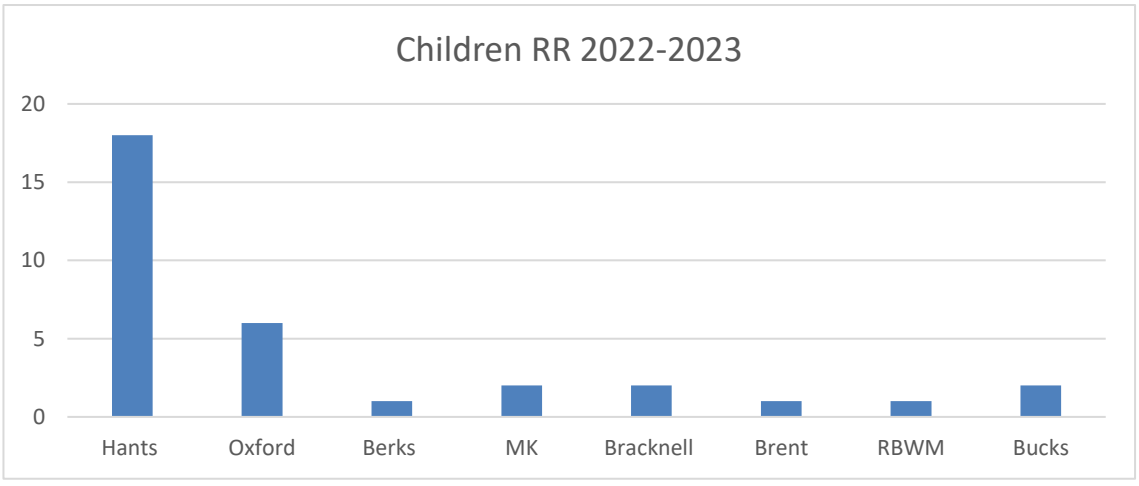
Analysis of themes of Children's Rapid Reviews and Child Safeguarding Practice Reviews (CSPR)

9.21 The safeguarding children's team provides feedback through a scoping of IT systems to the professional requesting the information, usually a local authority.

9.22 The main themes that triggered Rapid Reviews and CSPR's were domestic abuse, emotional abuse, physical abuse, and neglect.

9.23 Of the **33 Rapid Reviews, 18 were in Hampshire (54%)**

Figure 19



9.24 As a result of themes from all reviews the team have responded in the following ways:

- Included themes in new safeguarding level 2 and 3 training packages
- Provided Section 42 and non-mobile baby training to Level 1 leaders trust wide as a bespoke package
- Provided training on how to complete a high-quality referral to Tier 1 leaders trust wide as a bespoke package

- Invited staff to attend practitioners' events when appropriate hosted by the local authority
- Provided training to Education staff and Tier 1 Leaders on Modern Day Slavery and Domestic Abuse (DA) as a bespoke package
- Provide a monthly cascade on different topics associated with learning
- Attended DA voluntary services for information and 'lip balms' with helpline attached for staff in control rooms
- Approved a DA Policy for staff and patients
- Included DA as a topic in the audit cycle
- Actioned SAR with Oxfordshire around fire safety for vulnerable adults. SCAS working with Royal Berkshire Fire Service to promote their services and provisions to all SCAS staff enabling then to understand what they can offer to Vulnerable adults in the area. This will be delivered at staff meetings at the stations.
- Safeguarding team have implemented the Online reporting form to 101 which front line ambulance crews can now access whilst on the road.

10 PREVENT – National and Local Threat

10.1 As of May 2023, the UK threat level decreased to SUBSTANTIAL (meaning an attack is likely).

10.2 Vulnerability to Radicalisation or V2R occurs when a person, who as a result of their situation or circumstances, may be drawn or exploited into supporting terrorism or extremist ideologies associated with terrorist groups.

10.3 Terrorism means the use of or threat of action which involves serious violence to a person, involves serious damage to property, endangers a person's life (other than the offender) creates a serious risk to the health or safety of the public or is designed to interfere with, or seriously disrupt an electronic system, the use or threat must be designed to influence the government or an international governmental organisation or to intimidate the public or a section of the public, and must be undertaken for the purpose of advancing a political racial or ideological cause.

10.4 It is the role of the Trust to recognise the signs of radicalisation to prevent terrorist behaviours and to enable those at risk to get the support and early intervention needed, to divert them away from a path that can lead to terrorism.

Figure 20

10.5 Alongside awareness of domestic abuse, child sexual exploitation or female genital mutilation, PREVENT awareness must be understood. Without help they might go on to do themselves or society harm. According to research conducted by Counter Terrorism Police 2020 there was a link between hate crime and PREVENT referrals and from a further national review of PREVENT referrals 35% of the sample had a link to domestic abuse.

10.6 The Safeguarding Service have reported **2 PREVENT referrals this year.**

10.7 PREVENT reporting remains low in our organisation however this is common across all similar agencies (Police/fire/social care) and a recent independent review into the PREVENT system has made recommendations for change around this process. Within SCAS the PREVENT referral pathway is being reviewed and an new process developed along with a focus on increased awarness and reporting. https://www.gov.uk/government/publications/independent-review-of-prevents-report-and-government-response

10.8 The PREVENT Training compliance

	Target	2022-2023
Basic Awareness Prevent	95%	90%
Awareness Prevent (L3)	95%	74%

10.9 Improved PREVENT compliance training (target 85%). Prevent is a priority for 2023/2024.

11 Allegations

11.1 In November 2022, there were approximately **10 allegation cases known to the Safeguarding Service.** At year end, there were **60 cases**. An *Allegation Management Policy* was approved in November 2022 and embedded fully with HR and Safeguarding working together on this agenda.

11.2 Both the Safeguarding Service, Operational Leads, Freedom To Speak Up (FTSU) teams, HR and Complex Care Teams have been trained in allegation management with input from the Local Authority Designated Officer (LADO) and the DBS Central Office. Training developed by the Safeguarding Team on Allegation Management (one hour) has been delivered approximately 8 times to groups mainly consisting of TL's, CTE'S and educational staff.

11.3 A thematic deep dive report has been completed and actioned to align with the Sexual Safety Charter agenda. In addition, the Chief Executive Officer, first Senior Lead Group focused on sexism in the organisation in April 2023. This demonstrates a triangulation from three areas – HR, Safeguarding and from Trust Board outlining the seriousness of commitment to this agenda.

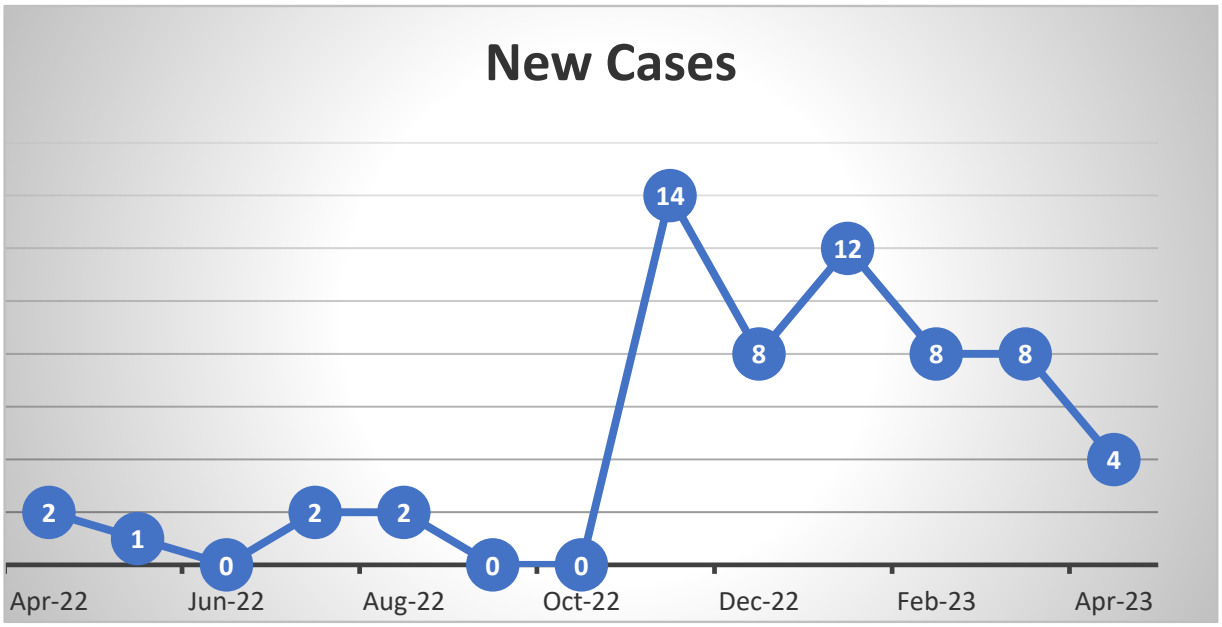
11.4 There are 3 designated professionals who work on the allegation management agenda from the Safeguarding Service and a 6 weekly review meeting takes place between HR and Safeguarding to review open cases. The AD Safeguarding has been recognised for work on Allegation management and was invited to speak at the NHSE Conference 'Celebration of Innovation' on this topic in Q1 2023/24.

Current Trust Position

11.5 In order to understand the significance of the cases, a dataset has been constructed to identify themes, learning, patterns of behaviour or areas which may require additional exploration. The information is taken from the Safeguarding Service Allegation Records. From the graph below **89% of cases** were

reported since November 2022. The transformation of the Allegation process aligns with the increased numbers.

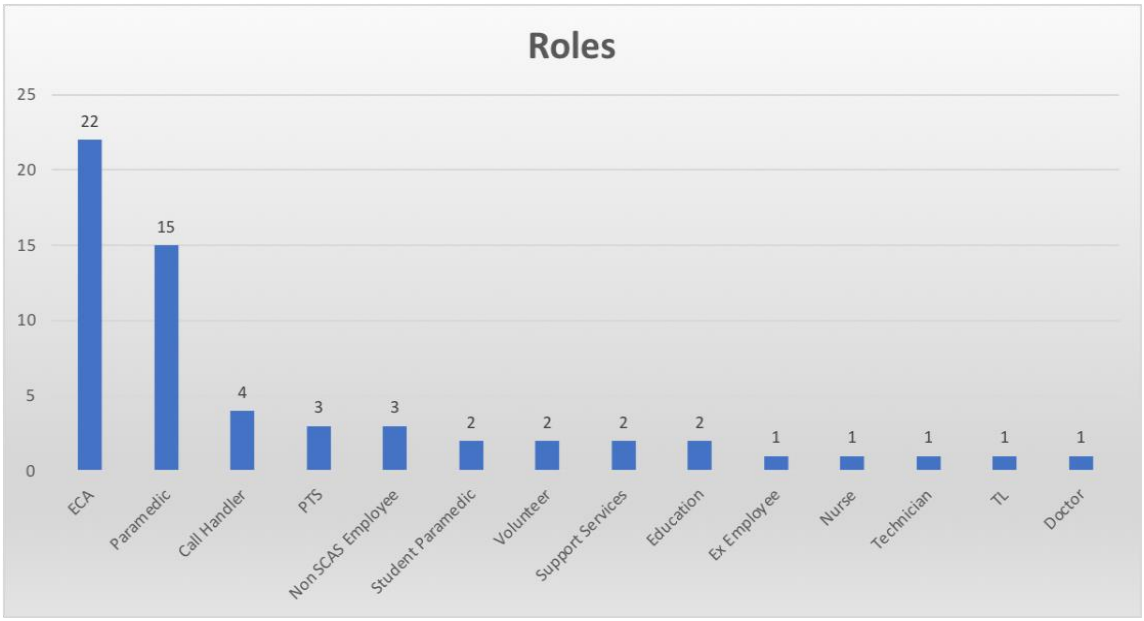
Figure 21



11.6 On review of job role, the highest category represented at **37%, relates to the ECA role.**

11.7 The second highest represented at **25%, relates to the Paramedic role.**

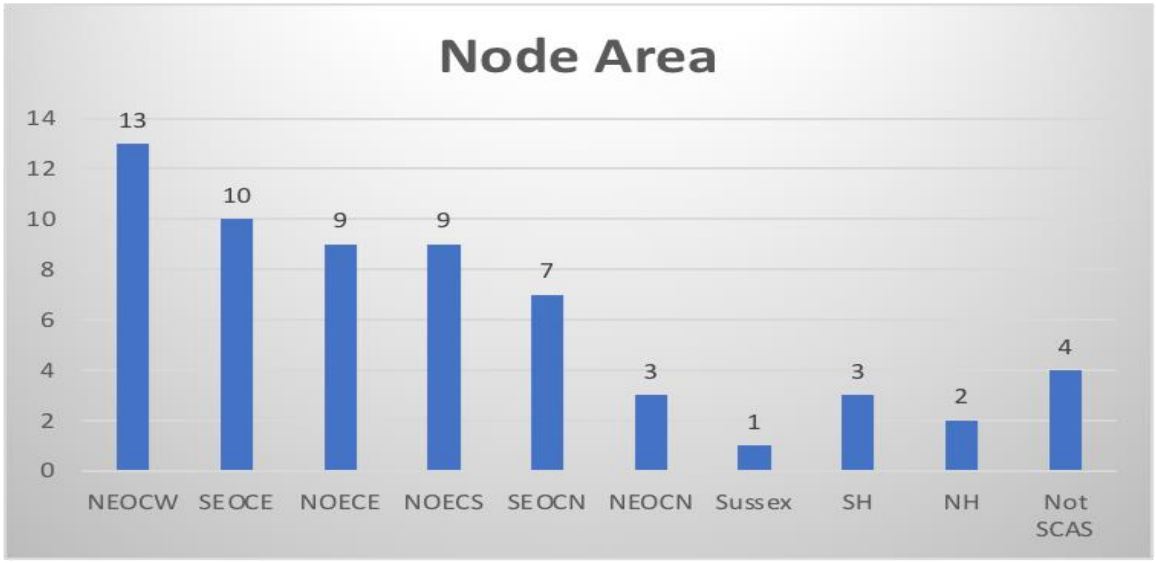
Figure 22



11.8 **73%** of the cases relate to male colleagues.

11.9 **57%** of cases related to the north operational nodes and **28%** related to the south operational nodes The remaining cases were in Northern and Southern House and 4 cases related to non SCAS employees.

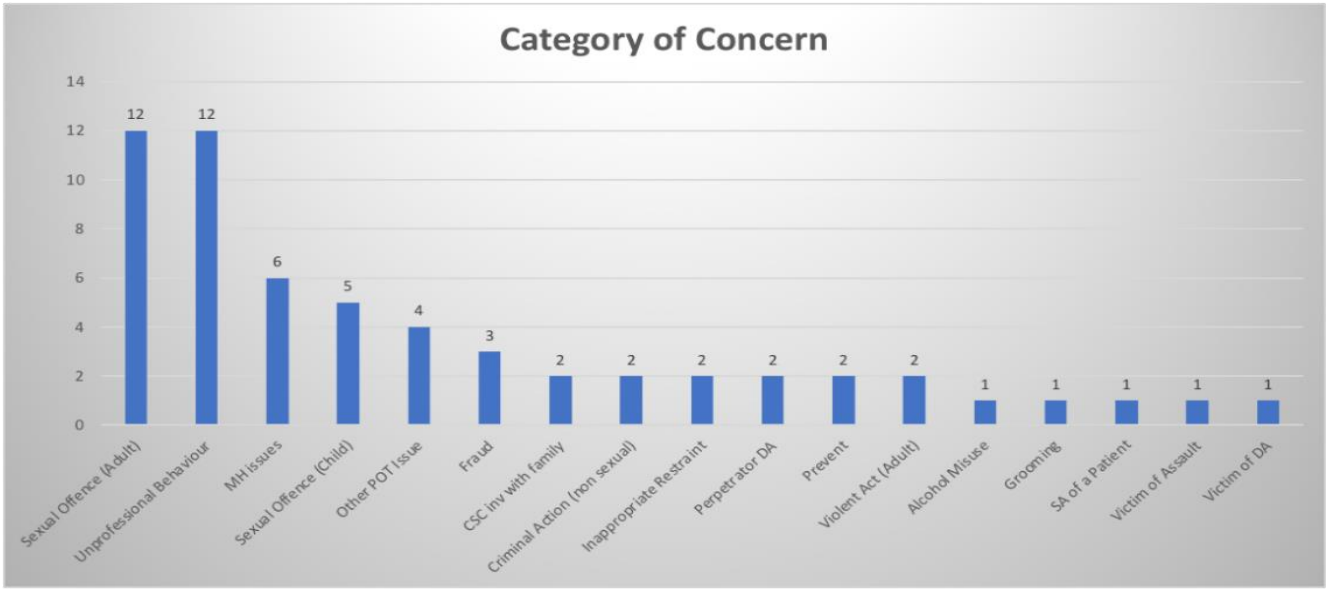
Figure 23



11.10 On combining themes ‘grooming’, ‘sexual offence related to an adult’ and ‘sexual offence related to a child’ the overall highest theme is **sexual behaviours at 30%**

11.11 When adding ‘unprofessional behaviour’ (which may include some sexualised behaviours) this overall sexual theme accounts for **51% of all cases.**

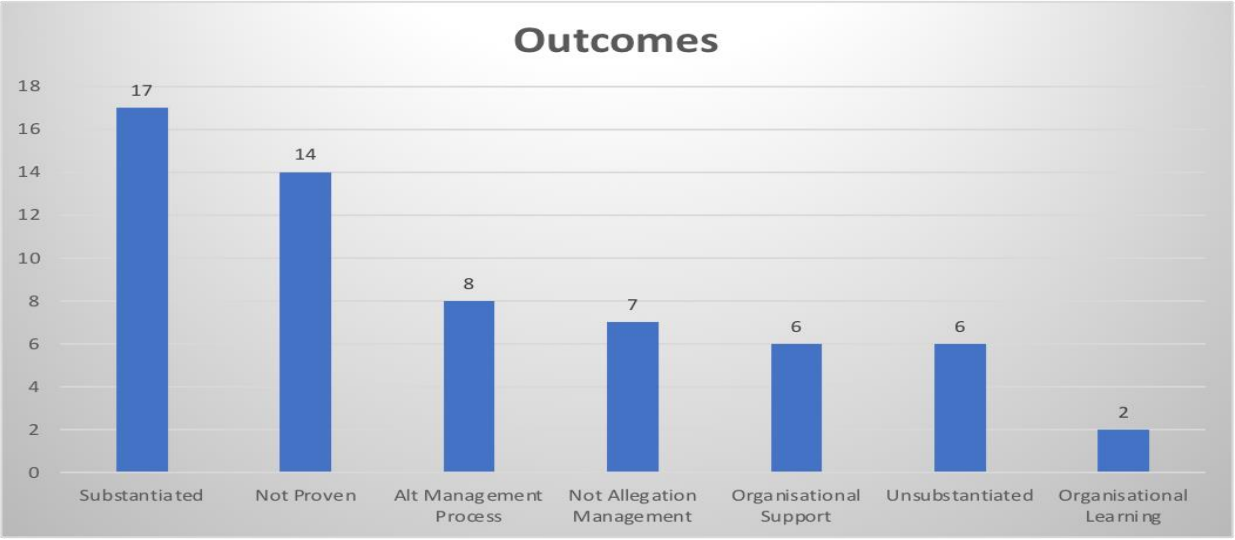
Figure 24



11.12 A Deep Dive **(Appendix 5)** looking into the theme of sexualised behaviours took place in January 2023. There were eight recommendations from this report. At the time of the Annual Report, four recommendations are progressing and four have been closed. This work will continue in 2023/24 and is monitored through the Safeguarding Committee.

11.13 For every allegation an outcome is recorded as below:

Figure 25



11.14 **The highest 'outcome' theme is 'substantiated' at 28% of all cases,** followed by '**not proven' at 23%.** 'Not proven' means the cases either did not have enough evidence at the time or the case may still be 'open' and therefore an outcome of 'substantiated' cannot be made. This may increase the number of substantiated cases.

13% of cases had an alternative management process such as capability, disciplinary etc.
12% of cases did not reach the threshold for allegation management
13% of cases required organisational support or learning either individually or as a trust

Areas of Risk associated with Allegations

11.15 A hierarchy system of rank (which is present in most uniformed organisations) can present opportunities for exploitation. The tripartite approach to managing these cases (i.e. FTSU, HR and Safeguarding working together) provides confidence to staff groups and demonstrates commitment and rigor by the organisation.

11.16 The North nodes appear to have a greater number of staff allegations. This may be due to an embedded culture and a reticence to report and will be explored further in 2023/2024.

11.17 Sexual behaviour theme is the highest reported theme (an outlier to all themes). It is therefore important that the trust continues with the **Sexual Safety Charter** and review its effectiveness.

11.18 There will always be a dichotomy between the 'fair and just culture' and the need to investigate allegations thoroughly. The consequence of this may lead to an increase in complaints, hearings, tribunal activity for the HR and Safeguarding Service. However, the reputational risk to the trust of non-action carries a greater risk. The allegation process should continue to be embedded in line with other HR processes.

11.19 A priority for next year is to establish a Professional Standards forum chaired by the SCAS Chief Nurse and Medical Director. This will align to this agenda by understanding any referrals to professional body.

12 Key Progress and Achievements 2022/2023

12.1 The Safeguarding Service comprises a team of 10 members of staff – 3 administration staff and 7 trained professionals. Until November 2022, the team consisted of 3 permanent members of staff and a succession of interim staff. Despite this the team have successfully managed to achieve the following:

- Completion of all 'must do and 'should do' actions from the CQC Inspections related to safeguarding by December 2022
- Production of the Safeguarding Accountability & Assurance Framework (SAAF) workplan – recognised as good practice by NHSE which remains on track
- Improvement in the workings and reporting of Safeguarding Committee
- **The trust increased safeguarding level 3 training compliance for the 1850 members of staff in priority group A (Paramedics/Nurses/Technicians) from 18.4% in Sept 2022 to 40% next first 6 months of 2022-2023 and at the end of March 2023 had achieved 64.6% compliance.**
- Recruitment to 6 new posts
- Commencement of the Plaudit programme from Executive Chief Nurse
- Commencement of 'Safeguarding huddles' Monday Wednesday and Friday with use of planner to record actions
- Allegation Management Process embedded trust wide
- Adapted Safeguarding Level 2 training to one standard package with specific scenarios for each service line
- Creation of new internal safeguarding Level 3 training package
- Improved partnerships with local authority, NHSE, CQC, Police,
- Improved visibility e.g., Communication cascades, Level 1 Operational Leaders meetings with training, CG Leads meetings, in situ working at Northern and Southern House, reports to Board, Executive and Quality and Safety Committee
- Setting of portfolios for team members with key objectives
- 8 Policies written and approved November 2022
- Active membership of Serious Incident Review Panel
- Board Safeguarding Training – December 2022
- Input to dashboard requirements
- Safeguarding described as 'effective' in Ofsted Inspection December 2022
- Bespoke training package to Level 1 leaders
- DBS and LADO training to HR, FTSU, Education
- Audit Programme.

13 Priorities for 2023/2024

- Ensure compliance of **85% Safeguarding Level 3 Priority Group A by August 2023**
- Ensure compliance of **85% Safeguarding Level 3 Priority Group B by March 2024**
- Ensure compliance **85% Mental Capacity Act training by year end 2024**
- To finalise an improved induction training programme to include DA, Allegation management and suicide awareness
- To embed the Level 2 new training programme and adapt to any feedback on delivery
- To commence and embed the new internal programme delivery for safeguarding Level 3
- To commence and embed the Priority B Group delivery PTS and ECA
- To commence a Professional Standards Forum
- Recruitment Team to be trained in Allegation Management
- Deep Dive exploration with North and South Nodes to understand themes from allegations in these areas

- To continue and complete all actions associated with the Deep Dive Report and Sexual Safety Charter
- Embed a group Safeguarding Supervision Programme for the identified priority group
- Involve Local Authority Partners in the testing of the new referral
- Ensure the new ICT Server is fully embedded
- Ensure adaptations are made to the dashboard i.e., DA and DV combined category, neglect only for children etc.
- Ensure all SOP's agreed at Safeguarding Committee
- Embed new LPS/MCA Role – due to start May 2023
- Create and deliver Volunteer Safeguarding training
- Creation of a Safeguarding Annual Star award at Trust award ceremony
- Consider a format for safeguarding champions
- Stage 2 of the Docworks programme inc. safeguarding app
- Ensure CPiS is embedded trust wide
- Focus on Prevent agenda to increase compliance
- Approve and embed Restraint and Restrictive Practice trust wide
- Ensure CPiS is embedded trust wide
- Ensure Feedback from Local Authorities is provided to staff
- Improve data collection to include 'conversion' rates from Local Authorities trust wide
- Align to CEO 10 point plan.
- To remain within budget and review any opportunity for CIP (cost improvement savings)

14 Examples of Good Practice/Change in Practice

Change of Practice

Example 1

Joint Agency Review meetings are attended by the Safeguarding Team and an invitation to attend sent to the Clinical Operations Managers for that area. North Operations South and East are both proactive in attending these meetings to ensure the clinical information for the patient is provided. South East Operations have also taken on board the need to attend these meetings and are now regularly present.

Example 2

A patient experience complaint was raised in Q4 following concerns by a Health colleague due to a lack of understanding around non-mobile babies and non-accidental injury. From this the Team Leader and Clinical Team Leaader for the clinician involved worked hard to ensure that there was learning and reflection and involved the Named Professional Safeguarding Children to assist in this.

Example 3

Feedback from Police on work with Safeguarding Children Team and Mental Health Team regarding suicide Thanks *so much for bringing this to my attention. Joined up working is so important & I know you care about that too.*

Example 4

The information contained in the ambulance crews safeguarding referral generated a Section 44 Care Act enquiry. This type of enquiry prompts the local authority to investigate the death of a person with care and support needs and brings about a multiagency response.

These enquiries focus on learning and change and the ambulance crew's documentation has attributed to the following changes:

a) The care home has instigated a choking specific policy and protocol that recognises choking as a reversible cause and allows the staff to consider starting cardiopulmonary resuscitation (CPR_ even when a do not attempt cardiopulmonary resuscitation (DNACPR) is in place.
b) The care home has conducted an immediate review of all food served at the care home and a change to diet plans a full assessment of all care home residents by an independent SALT assessor
c) The care home will return to digital record keeping as the paper records were out of date with the patient's preferences suggesting the patient liked tuna sandwiches but the speech and language therapy (SALT) assessment which reviews the patients ability to swallow, suggested the patient was not given bread or solid foods.
d) The care home has commissioned a further independent review of care within the home, to assess for other areas of improvement.

Example 5

Formalising the Allegation Management Process and production of the Deep Dive Report changed the process to include HR regularly

Case Examples

Case 1

The Safeguarding team received an e mail from a very experienced Paramedic, who had been to a call that had "bothered" him and he wanted to touch base to confirm all bases. The call was for a female giving birth at 26 weeks. The baby had been born prior to crew arrival. The property was unfit for human The crew took the baby to the vehicle to check the baby, and to transport to the hospital it appears to be a concealed pregnancy as the staff at labour had no information.

The crew contacted the team to request advice re the animals predominantly, and team responded and asked for an update re the baby. That afternoon the team had an email to say the male on scene was a Registered Sex Offender and that it was a concealed pregnancy and the couple had previously had children removed.

Later we heard that the Local Authority were getting a court protection order to remove this child. This call was hi-lighted to the team due to the Team Leader being "bothered" by a call. The crew knew something was not correct and followed the process and protocol, excellent collaborative working with SCAS, hospital, and LA.

Case 2

Crew called to an elderly lady in cardiac arrest, on arrival the crew were presented with an emaciated, dehydrated elderly female with a pressure sore down to the bone, and the scene is described as horrific. She was in the care of her children. Crew were able to co-ordinate a referral to Police, RSPCA and Local Authority as well as care for the patient and family.

Case 3

Early on a December morning a call was placed from a residential care home to 999 to report a patient was choking, the caller was flustered and unable to provide concise details. CPR instructions were started after ineffective breathing was disclosed and the patient put on the floor, then a voice in the background shouted

the patient has a do not attempt cardiopulmonary resuscitation (DNACPR) and CPR was stopped, then moments later it was established the patient didn't have a DNACPR and CPR instructions started again only for another voice in the background to shout, the patient is fighting back. The call was chaotic and there was also evidence of others swearing and shouting in the background. This was a particularly challenging call for the call taker to manage as changing protocols from CPR to DNACPR and back again isn't easy, the call taker recorded all of this on the 999-call log and even notified the ambulance crew of the concerns.

In addition to the notes the 999 the call taker put on for the crew, a previous concern by the ICB had been raised with the SCAS safeguarding team who worked with the demand practitioners' team to put on a dispatch warning to alert crews to safeguarding concerns at the address. The ambulance crew see the notes enroute and included them in their safeguarding report including a detailed safeguarding referral.

The local authority then raised a request for further details through the ICB who linked in with SCAS safeguarding and then Information Security & Governance team supported the safeguarding team by assessing the legal need for disclosure and rapidly releasing the call recording to the safeguarding team and local authority.

Case 4

Feedback from Oxfordshire Children Board:

Thank you for the return that you submitted on behalf of the South-Central Ambulance Service for the Oxfordshire Rapid Review concerning xxxx. The Rapid Review group was struck by how well you captured Childs voice in the submission. Although it can sound straight forward, it is not always easy to enable children to have a voice when parents are themselves requiring support and help, which was the case for xx. This Rapid Review group found that whilst professionals described what they saw and heard of xx they didn't always fully consider xx experience in his family home or use that to inform actions.

The insight provided by SCAS was therefore powerful as it helped the Rapid Review group understand what it meant for him to live in his family home They understood how he was spoken to, the expectations on where he should sleep and how he reacted to this. Descriptions were given as to how he looked, the actual words used and the concerns this raised with the ambulance crew. The crew are commended for their actions and the submission is commended for bringing this detail and 'sense of the child' into the Rapid Review discussion.

Author: Sarah Thompson
Associate Director Safeguarding
Date: July 2023

APPENDICES

Appendix 1 - National Ambulance Safeguarding Advisory Group (NASAG) Benchmarking report 2022

Appendix 2 – Safeguarding Workstream Improvement Workplan

Appendix 3 – Safeguarding Risk Register

Appendix 1

National Ambulance Safeguarding Advisory Group (NASAG)
Benchmarking Report 2022
Written by Alan Taylor
Chair of NASAG
August 2022

Presented by Alan Taylor

October 2022

Introduction

This benchmarking report details the work of ambulance trusts across the UK.

Whilst it gives comparisons between trusts in a variety of areas, it should be noted that not all trusts manage safeguarding in the same way. For example some trusts have direct referrals from crews to local authorities, some have paper referral process some have telephone or electronic processes.
The work the safeguarding teams undertake also varies across the UK. Some trusts are asked to engage with MARACs, DHR, Child Death's etc. others do not.
Also training delivery is vastly different- LAS safeguarding team deliver all face to face training and develop a blended training programme. Some others do targeted face to face and some do all eLearning. It is for each trust to decide with their commissioners what is acceptable. The three intercollegiate documents that outline the Roles and Competencies for Health Care Staff states Paramedics should be level 3 and that at least 50% of this should be delivered by specialist safeguarding staff face to face.

Also following discussion NASAG have agreed to outline what figures should be captured in each of the questions as across the UK different terms are used for example some trusts report for Safeguarding Child Practice Reviews (SCPR) information/reports provided to aid the decision to hold a SCPR some don't.
Please note there are different practices and legislation in relation to Scotland, Wales & Ni (the devolved powers) and Jersey who is part of a wider NHS Trust for safeguarding. So direct comparisons may also not be appropriate for these trusts.
It should also be noted that Covid19 has impacted some trusts greater than other, with some areas reducing external reviews and some trusts safeguarding teams were redeployed to support operational pressures. It should be noted here that NHSE communicated the importance of maintaining safeguarding functions within trusts and it was for individual trusts to ensure sufficient resources during the pandemic.
Despite all the above having comparisons it is useful, and what is known is that safeguarding workload continues to grow. It is important that the recent investments in safeguarding teams continues to ensure ambulance trusts keep pace and are able to meet there safeguarding responsibilities.

Benchmarking overview of data capture for 2021-22

Trust	Safeguarding Child in Need referral figures	Child Protection referral figures	Total Child referrals for 2021 - 22 financial year	Adult welfare/care concern figures	Safeguarding Adult referrals	Total Adult referrals for 2021-22	Total Trust Child & Adult Referrals	Number of Prevent referrals 2021-22	Number of Child Deaths provided info for	Serious Case Reviews (Child Practice Reviews)	Safeguarding Adult Reviews	Domestic Homicide Review	Number of Multi Agency Risk Assessment Conference (MARAC)	Number of Safeguarding Allegations Against staff	Size of Safeguarding team WTE.	Size of Population Trust serves	Number of patient contacts (hear& Treat/ See & treat)	Number of local Authorities Trust has in area	% of safeguarding concerns/referrals made per contact.	Services Trust provide i.e. PTS/111/IUC/Other
LAS	combined	combined	13,854	8,621	5,826	14,447	30,216 includng other outcomes	29	266	4	23	12	4051	49	12	8.78	1,103,821 face to face, 193,528 hear and treat 1,297,349	33	Total F2F + H&T= 1,207,349. Total concerns / referrals =30,216 % per incident = 2.5%	999, 111, IUC & NETS
WAST	853	1303	2156	3785	1106	4891	7047	0	64	5	3	4	NA	46	8	3.19	29535	22		EMS/UCS/PTS/NHS 111
SWASFT	Categorise in a different way so cannot	Categorise in a different way so	11,923	Categorise in a different way so	Categorise in a different way so	28,247	40,170	7	216	37	31	27	0	54	6	5.61	1469109	14	2.7	1 x MIU
SECAMB	Not Recorded	Not Recorded	4,599	Not Recorded	Not Recorded	19,160	23,759	2	185	54	41	14	Not Recorded	21 (+6 consulte	7.5		2429788	7	0.97%	999 / 111 / IUC CAS
SCAS			9,469	8,156	25,875	34,031	43,500	1	64	16	27	4		25	5	7	H&T - 87712 S&T - 219943 ST&C - 348869 = 656524			PTS/111/IUC/999
EMAS	*2,326	*1,267	*3593	*26,141	*8,409	*34550	**41,460	16	50	23	30	23	NIL	26	6.6	4.8	Hear & Treat: 27,9411 See & Treat: 25,6466 See, Treat and Convey: 454,948 = 990825	12 Local Authority's 10 Safeguarding Adult Boards 10 Children Partnerships	4.2% of all incidents (calls, hear & treat, see & treat, See, treat & convey)	* Does not include Third-Party Provider(TPP) referral numbers ** includes TPP numbers. PTS in two areas.
WMAS	Combined	Combined	15105*	Combined	Combined	38048*	53,153	19	86	40	48	47	Nil	21	3.5	5.93	1139738	27	4.70%	999, PTS and 111 (IUC)
EEAS	520	4030	6167	13487	4459	24587	30754	4	105	14	34	27	555	14	10	6.5	788419	11	3.90%	PTS, A&E
NEAS	1285	1289	2574	7451	2882	10333	12907	3	54	1	12	4	N/A	49	6	2.71	435,765	12	3%	111/999/PTS/dental/AP's/ Community Para's/ end of life / HART / SPEC / Pharmacy / first contact paramedics
NWAS	Combined	Combined	11,068	Combined	Combined	57,661	68,729	22	70	71	112	46	18	11	6.8	7.3 million		23		PES, 111, PTS
SCOT	N/A	N/A	180	N/A	N/A	1060	1240	None	Not recorded by SAS, different law and process in place	Not recorded by SAS, different law and process in place	Not formally recorded	Not Applicable @SAS	Not Applicable @SAS	Not recorded @SAS	5 WTE	5.5	600,000 scheduled and unscheduled care combined	32 Local Authorities	Not Recorded	Hear & Treat, See & Treat, Scheduled and Unscheduled care, Mobile Vaccination Units, Mobuile Testing Units. Air Ambulance and Air Transport unit. NICU transfer services.
YAS	combined	combined	8890	12622	6532	19154	28044	25	191	16 - (4 progress	40	27	N/A	30	8	5.4	849,173	13	3.30%	PTS including NE Lincolnshire/
Jersey	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded	Not Recorded	None	0	Not Recorded	Not Record	0	Not Recorded	0	No Safeguarding Full Time	103,267	11,870	1	Not Recorded	999/PTS
NIAS	Do not record	Do not record	200	389	200	589	789	0	2	Do not record	1	1	0	2	1	1.91 Million	322282	5 HSCT	0.25%	A&E, PTS

Child Referrals

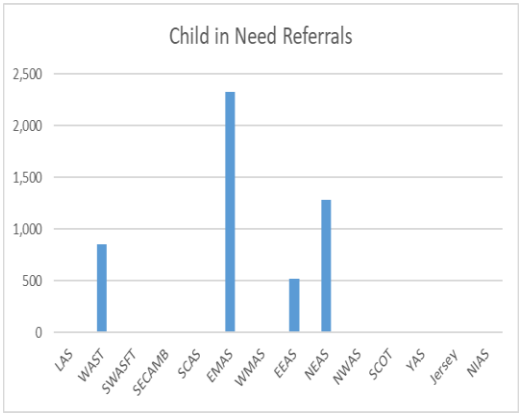
For children there are 2 elements to safeguarding and these relate to Children in Need and Child Protection.

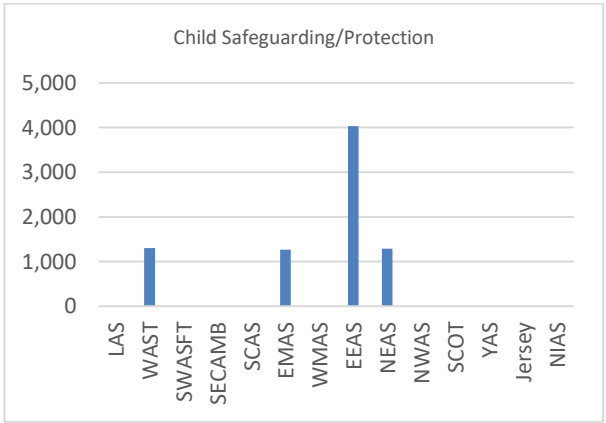
Child in Need -is where the family may need additional support to help keep a child safe.

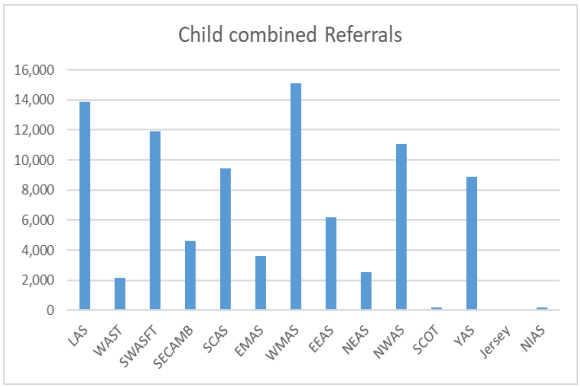
Child Protection- is where there is actual or potential safeguarding concerns.

Some trust distinguish between the 2 types of referrals and some do not.

It would be beneficial for all trusts to be able to identify the difference between a child in need and child protection. This is because the responsibilities and thresholds for partner agencies is different for these. Also the issue of consent is also different. Trust need to consider how they train staff in relation to above and also how they can improve data capture for both types of referrals.







Those trusts with high or low referral numbers should assure themselves that their reporting is proportionate and appropriate.

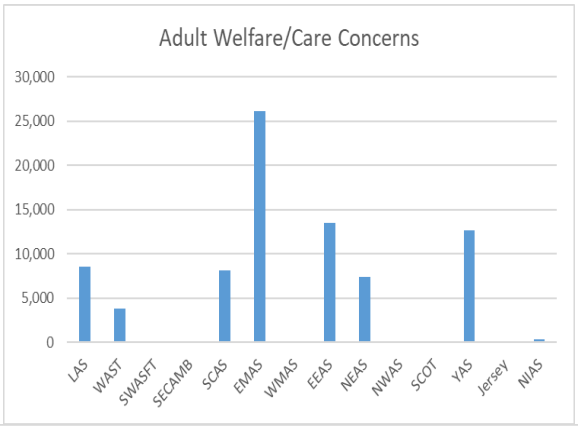
Adult Concerns

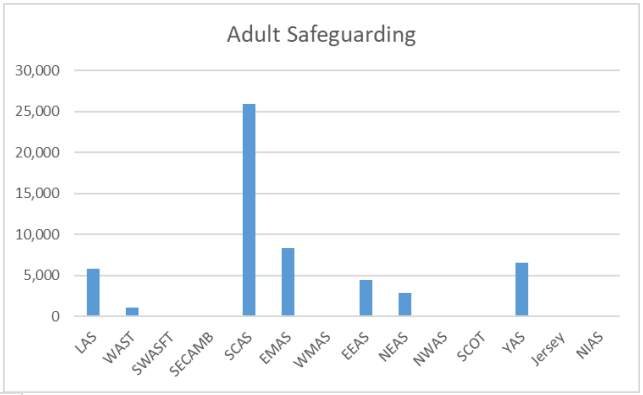
Like child referrals, adult concerns are split into two categories

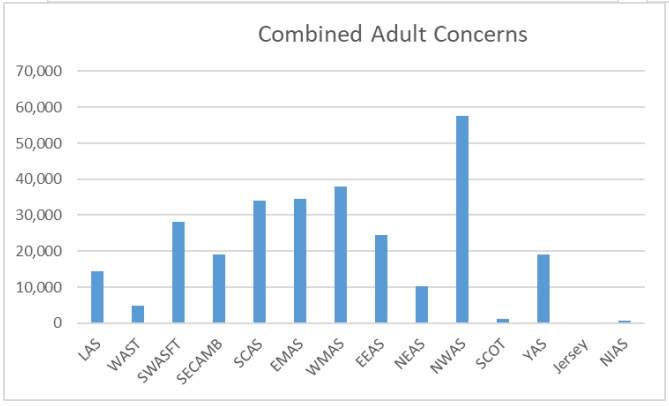
Adult Welfare/Care Concerns- where an adult needs help to keep themselves well and safe i.e. additional support with activities of daily living.

Adult Safeguarding Concern- is being or at risk of being abused, including self-neglect

Some trusts do not distinguish between the two however there are very different responses from partner agencies to these and trust should consider being able to identify these especially as consent requirements and making safeguarding personal is key in adult safeguarding ensuring trusts do what they can to empower adults to take control/decisions about their own wellbeing.



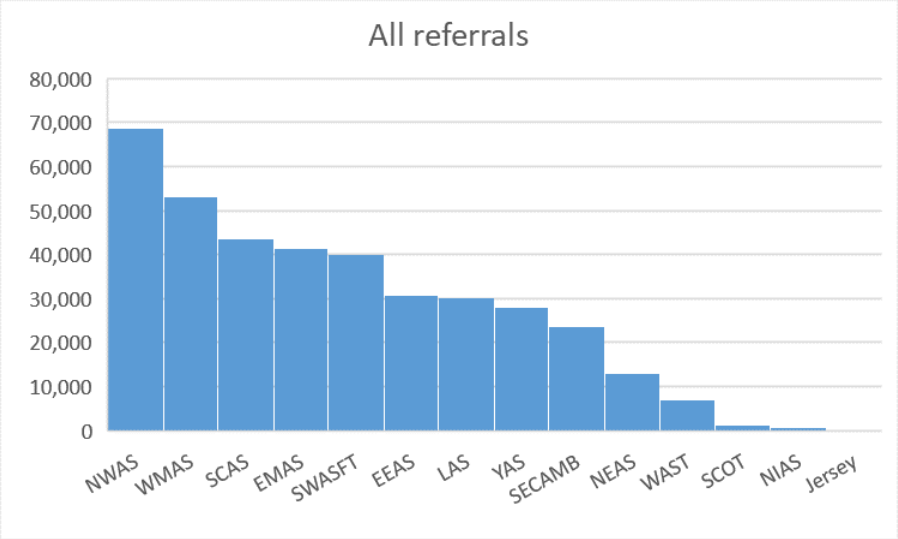




Those trusts with high (> 20,000) or low referral (<10,000) numbers should assure themselves that their reporting is proportionate and appropriate.

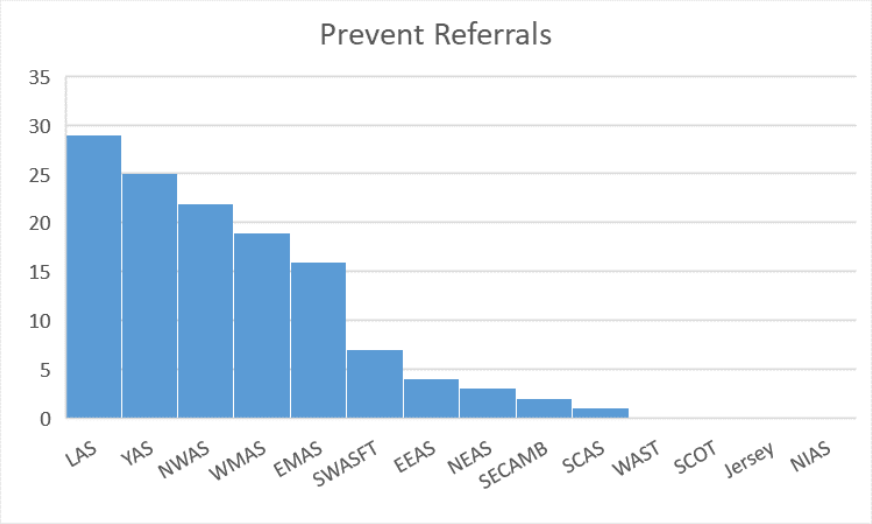
Trusts Total Child and Adult Referrals and Concerns comparison

There are several trusts with considerably higher (NWAS, WMAS) or lower (SCOT, WAST, NEAS) reporting that other trusts. These figures should be viewed with regard to the % of referrals to calls/incidents for trusts to be able to consider if there is action that they need to take to either reduce or improve safeguarding compliance. It would also be useful to discuss with safeguarding partners in local authority to see if they share concerns regarding high or low levels of reporting.



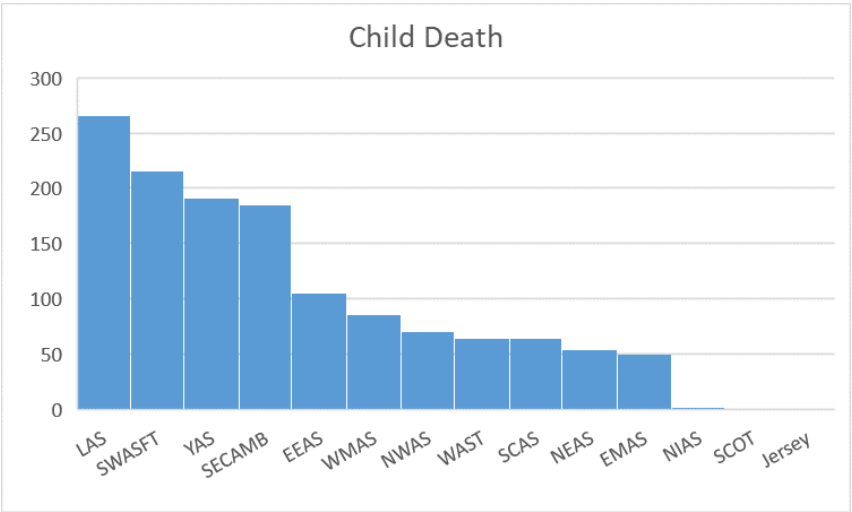
PREVENT Referrals

All ambulance trusts should be raising PREVENT concerns via their agreed pathways. This differs from trust to trust some is via the safeguarding referral pathways and some are direct to Police Prevent teams. Whilst numbers are low there is little we can draw from this chart apart from those with very low or no referrals considering their education with staff to be able to spot concerns.



Child Deaths

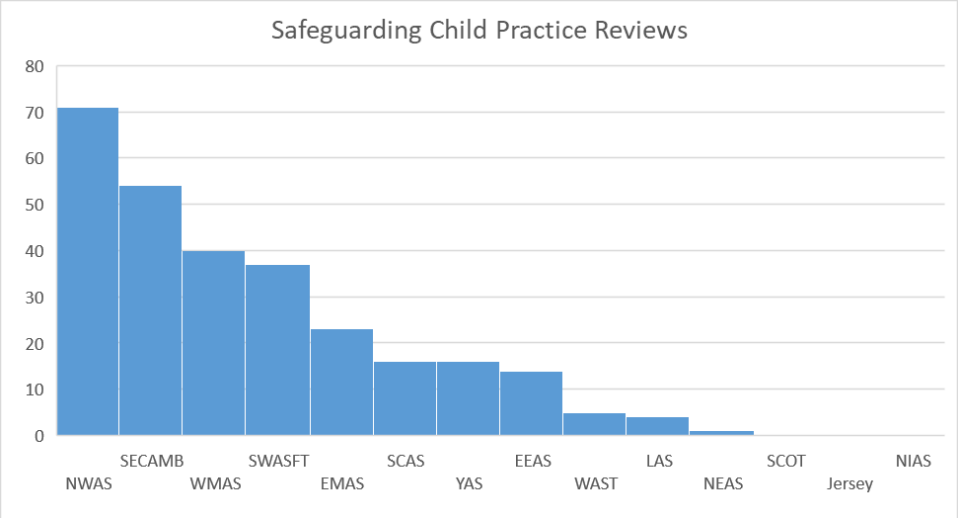
All ambulance trusts have a duty to engage in the Child Death Overview Panel (CDOP) process. Where ambulance staff are the first professionals on scene and they recognition of life extinct they should be reporting the child death to CDOP via their safeguarding process with trust completing a Child Death Notification Form (formally Form A). This starts the child death process and is critical for support to the family and to identify any concerns. If trusts are not completing this they should assure themselves that their process is sufficient for the CDOP.
The figures below relate to safeguarding and CDOP processes only and does not capture all child deaths a trust may deal with.



Safeguarding Child Practice Reviews (SCPR)

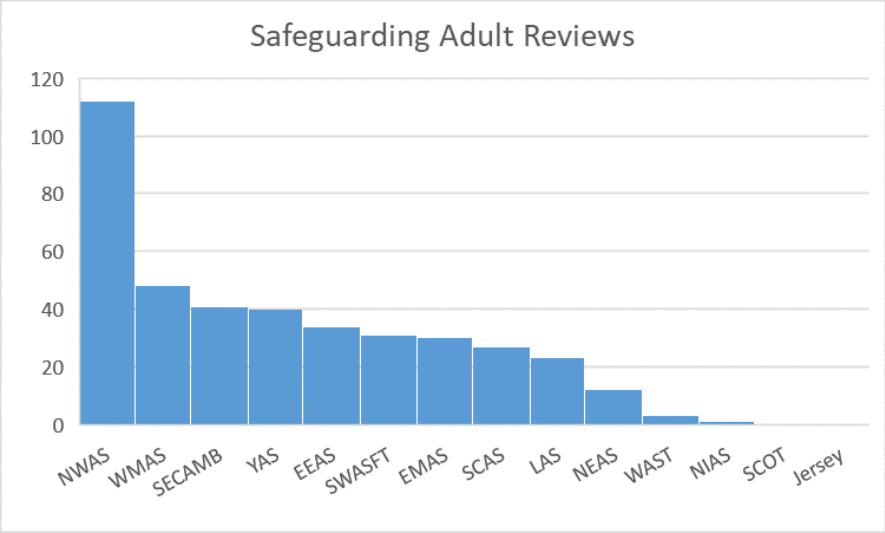
SCPR is decided by the safeguarding boards and ambulance trusts have a duty to engage and provide information and review their own practice when asked by the boards.
This chart relates to the number of SCPR trusts have contributed to. The figure vary as some trusts have

provided figures relating to all contributions to a child review whether it became a formal SCPR or not.
The next years benchmarking report will define what is in scope to enable greater comparisons.



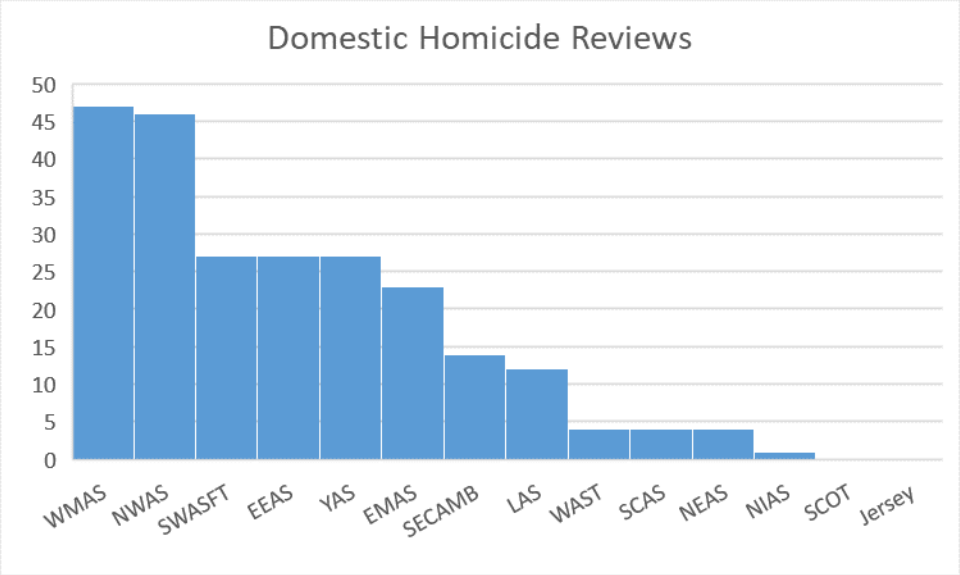
Safeguarding Adult Reviews (SAR's)

SAR's are commissioned by the safeguarding boards where there are concerns that multiple agencies processes may have failed to keep a person safe and there could be learning to safeguard others.
Ambulance trusts have a duty to take part in reviews of their care of patients subject to a SAR and to consider any learning and report to the SAR author on findings.
Similar to SCPR some trusts have reported all contacts for information in relation to adults in this chart and some have just included actual declared SAR's.
The next years benchmarking report will define what is in scope to enable greater comparisons.



Domestic Homicide Reviews (DHR's)

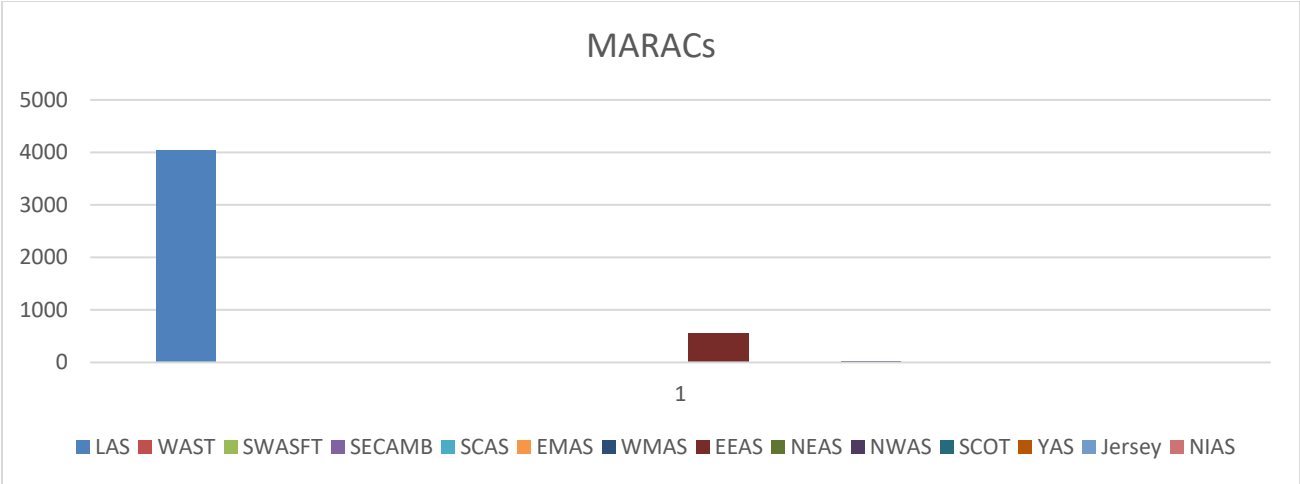
Domestic Homicide Reviews are undertaken on domestic abuse cases and are decided by the DHR panel.
Most ambulance Trusts contribute information to the DHR and some attend the occasional review.
It is not clear why NWAS and WMAS have higher reporting in this area.



Multi Agency Risk Assessment Conferences (MARAC's)

MARAC's are meetings that review high risk domestic abuse incidents with multiple agencies to see what more could be done to protect those families and people at risk to reduce the risk of a domestic homicide.

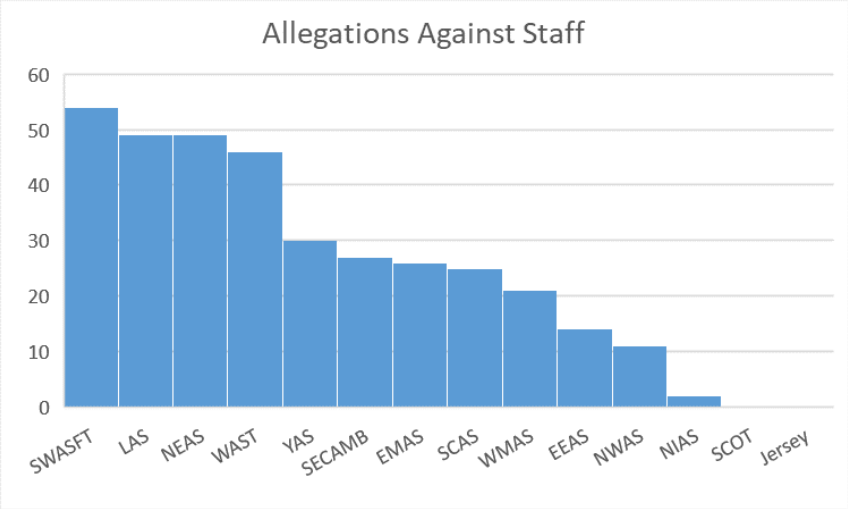
Only 3 trusts contribute information they hold on an address or person to the conference. No trust attends the conference as they are long in duration and would be very time consuming. However it has been proven in LAS that they held important information on families/ address on several occasions no one else at the conference had. Hence why they continue to engage with requests and provide information to the conference for review. Trusts not contributing to MARAC's should consider the benefits and scope to do so.



Safeguarding Allegations against Staff

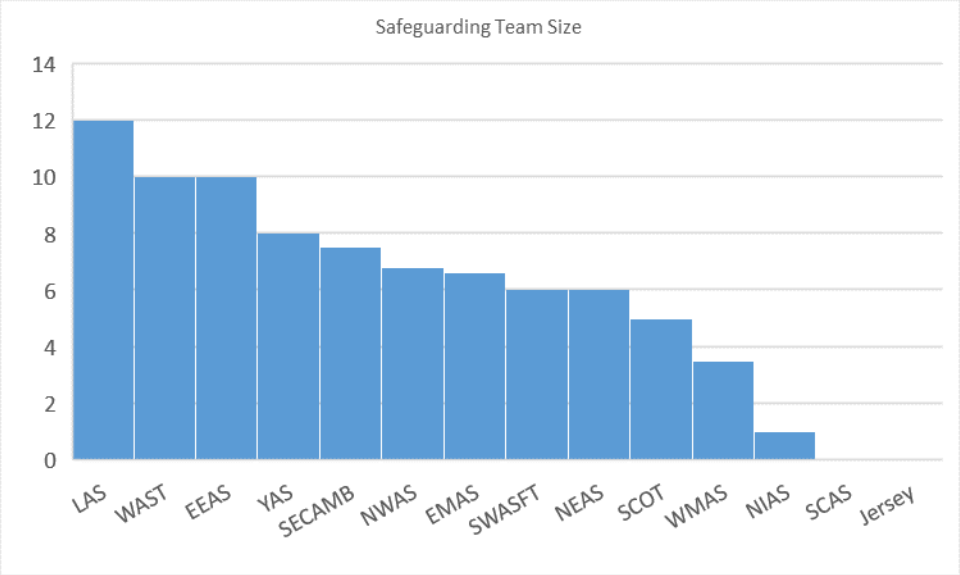
This year we have seen an increased focus in allegations against staff from regulators, AACE, NHSE and College of Paramedic. There is also an issue with sexual safety across UK ambulance trusts and all trusts

should be ensuring they have a zero tolerance to sexual harassment and abuse and have systems in place that support victims and encourage staff to report concerns.
NASAG recommends that all trusts review their processes for allegations against staff and ensure that safeguarding leads are a key partner in allegations. All trusts should have a safeguarding allegations against staff policy, clear processes for risk assessing allegations and processes for managing allegations. Those that go to formal disciplinary hearings NASAG recommends that the Safeguarding Lead should be on the hearing panel as an advisor to the Chair.
Those trusts will low figures should review processes and consider if any further action is required. SWASFT have reported in excess of 50 allegations for a number of years and lead the way in reporting allegations.



Current Safeguarding team size

It is pleasing to see that in recent years most trusts have increased the size of their safeguarding teams. This has happened either due to recognition of the increased workload and requirements or due to CQC inspections and identified gaps in trust safeguarding governance, assurance and processes.
It should be recognised that you cannot view this chart in isolation and should consider population it serves, overall workload and role of the safeguarding team. These differs across ambulance trusts, for example LAS safeguarding team deliver all their face to face training, some other trusts train the trainer and some do minimal face to face training. Some teams manage their referrals others another team oversees this process. NIAS should look to increase their safeguarding team. Jersey should consider having a dedicated person for safeguarding within the Trust.

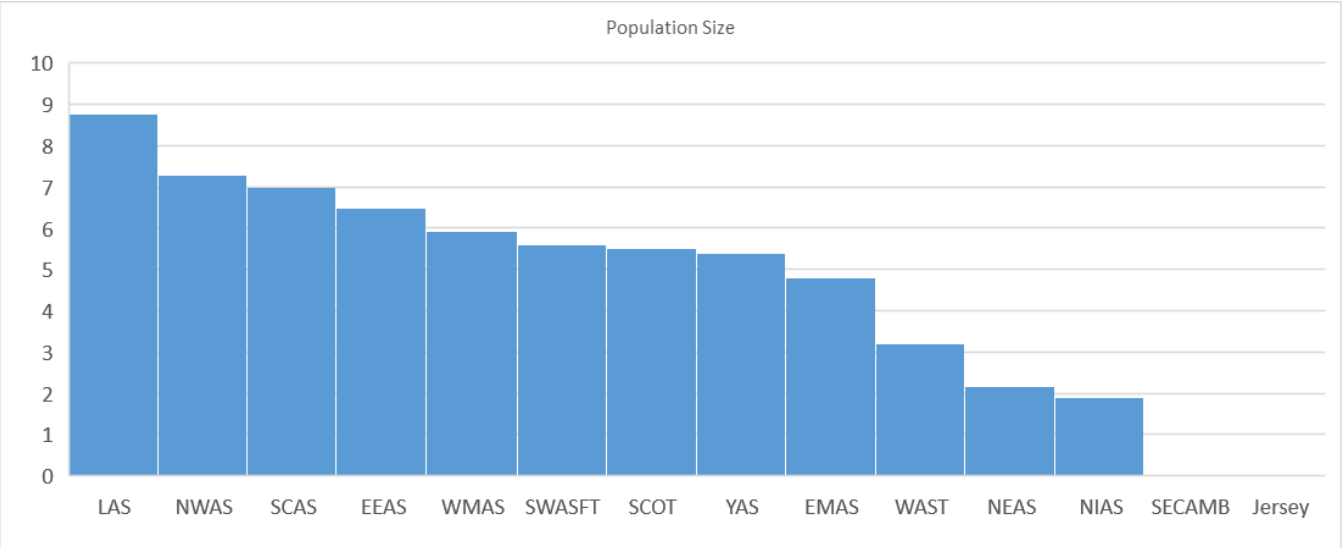


Breakdown of Team roles and banding

Trust safeguarding team size											
Trust	**Team Size**	**Role & Band**	**Head of**	**Deputy**	**leads**	**Specialist**	**Governance & Training**	**Safeguarding officer**	**Admin**	**other roles & Band**	**Any planned recruitment in train**
LAS	12		1 x 8b	1x 8a		5x B7	1xB6	1xB7	1x B5 1xB4	1x B7 LD post	1x B7 Specialist -1 x DA Cordinator externally funded
WAST	10		1x 8b	2x 8A		6x B7			1x B3		
SWASFT	6		1 x 8a			2 x B7			1 x B5, 2 x B4		
SECAMB	7.5		1x8b	0	1x 8a	2x B7				3.5 x B5 Safeguarding Coordinators	Approval from Exec Director sought for development of a business case for an additional x2 wte B5
SCAS	currently going through a restructure and subsequent increase in staffing										
EMAS	6.6		1x 8a		2x B7			1XB4	2.6 xB2		
WMAS	3.5		1XB7 (safeguarding manager)					1 X B5 non clinical 1 x B6 clinical	1 X 0.5 WTE B3		
EEAS	10		1x8a			5 x Band 7 practitioners		1 x B7 Business Manager	1x B4 2x B3		8A planned uplift to 8B Business case planning for additional practitioner post April 23 onwards
NEAS	6				2x 8a	2x B6		1x B4	1xB3		
NWAS	6.8		1 x 8a			4 x B7			2 x B4		
SCOT	5		1x8a	None	3x B7				1x B4		
YAS	8		1x8b			2 x Named Professionals B7 WTE 1 x Named Professional full time temp fixed term (May 23) B7		1 x Paediatric Liaison Nurse full time B6, 1 x safeguarding practitioner B6	1xB4 34 hrs 1xB3		
Jersey	0 (Full time) 2 as part of overall job role		1xWFM-H	1x WFM-E			1 x WFM-E (Deputy role also)				
NIAS	1	8B	1x8a		1					2xPT B5 (TEMP)	1x B5 &1xB7

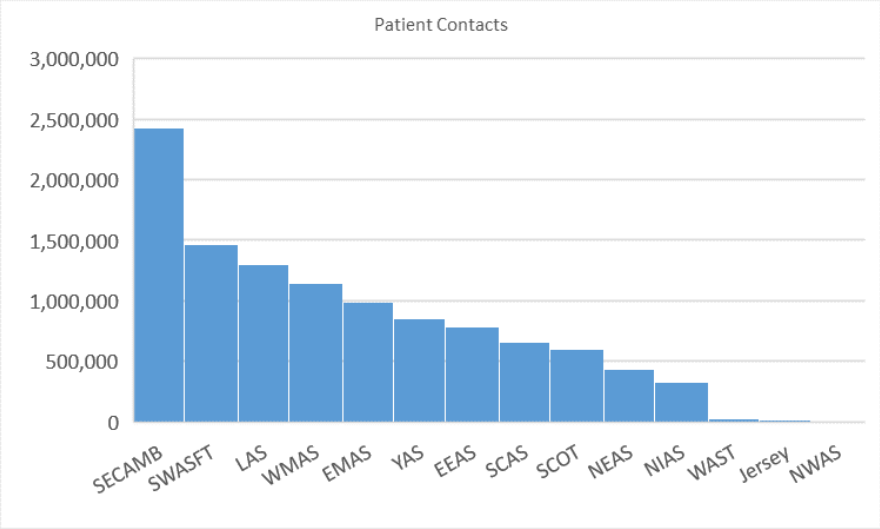
Population Trust serves

The size of the population will have an impact on the workload of the safeguarding team. The intercollegiate documents give an idea of the safeguarding designate resource requirements based on population size. This may also help trusts when looking at their own resource requirements.



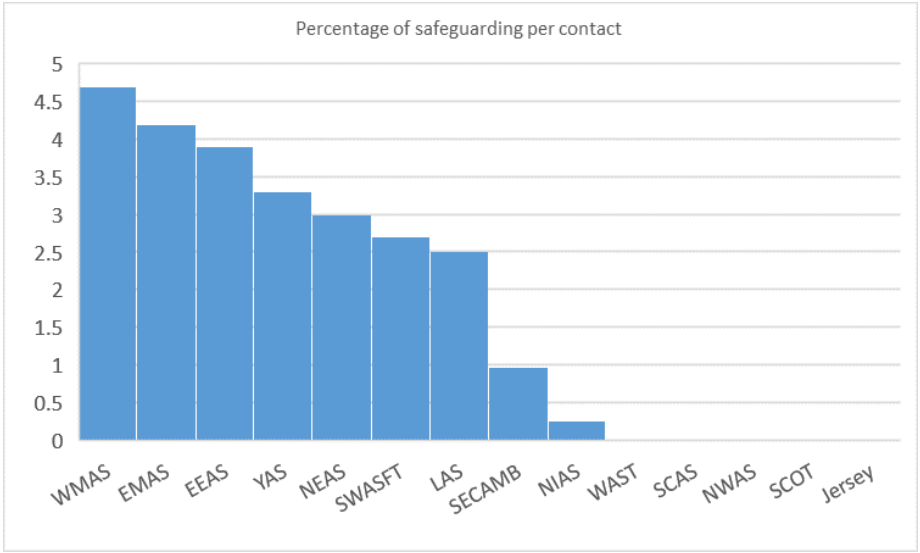
Number of Patient Contacts

The number of patient contacts and the percentage that result in a safeguarding referral or concern will enable trusts to consider if their safeguarding processes are adequate and whether they are over or under reporting.
It will also aid along with the safeguarding workload if you have sufficient resources to adequately provide good governance and assurance of safeguarding.



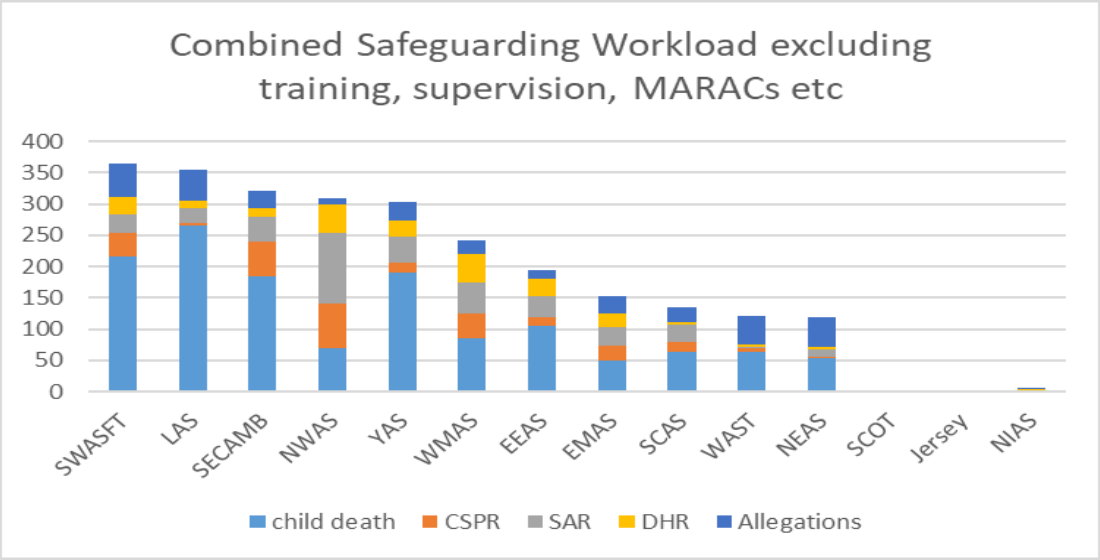
Percentage of Safeguarding Concerns or referrals made per contact

This chart enable trusts to see how many safeguarding referrals they are making in relation to patient contacts.
If trusts do not spilt out wellbeing care concerns from Safeguarding or child in need from safeguarding it is difficult to interrogate figures too much as they may well be over reporting on non-safeguarding incidents mainly adult wellbeing issues where trusts should encourage staff to empower patients to contact the local authority themselves to discuss their care needs rather than the trust raising all concerns thus empowering the patient.



Safeguarding Workload

This chart provides an overview of some of the workload in relation to reports and meetings safeguarding teams engage in. It does not include the work in relation to referrals, MARACs or training, supervision or education.



Discussion points from Benchmark

Whilst trusts all have different processes in relation to safeguarding referrals, data recording and capture, team size and local requirements. It is important that trusts continue to review the data in this report and consider any changes or improvements they can make to improve their safeguarding practice and processes.

The devolved powers have different requirements to English trusts and should consider the information in this report when ensuring they are safeguarding their populations as best as possible.
NASAG recognises some trusts have made changes to process and teams in recent years and a number are currently engaged increasing size of their teams or moving to electronic referrals improving individual ownership of safeguarding.

All trusts should continue to review processes to ensure they are providing a safe, and effective service to patients and the trust.

Trusts who do not currently identify different types of concerns and referrals, i.e. child in need, child safeguarding, adult welfare/care concerns and adult safeguarding need to consider how they can do this and audit these to ensure themselves they are not under or over reporting.

Team sizes and roles vary across trusts, however a number of roles in Safeguarding appear to have different banding in some trusts. NASAG believe trusts should consider undertaking a job matching exercise to ensure consistency in roles across ambulance trusts. Also some trusts safeguarding teams deliver safeguarding training to staff in accordance with the intercollegiate documents and this requires more resources to deliver. NASAG will continue to consider how it can refine this report for next year to enable greater comparisons across ambulance trusts and encourages safeguarding executive leads and safeguarding teams to consider the findings and whether further resources or processes are required within their trust

Alan Taylor
Chair of NASAG
22nd September 2022

Appendix 2 – Work Plan

Safeguarding & Mental Health Workplan 2023	Last Update:	06/03/2023									
[Aligned to the 11 points within the SAAF July 2022]											
Aim	**Specific**	**Measurable**	**Attainable**	**Relevant**	**Timely Q1 2023**	**Timely Q2**	**Timely Q3**	**Timely Q4**	**Actions Required**	**Responsibility**	**Progress**
(1) 4.2.1 Identification of a Named Nurse, Named Doctor and Named Midwife (if the organisation provides maternity services) for safeguarding children. Identification of a named nurse and named doctor for children in care. Identification of a named lead for adult safeguarding and a Mental Capacity Act (MCA) lead – this role should include the management of adult safeguarding allegations against staff. This could be a named professional from any relevant professional background.	**4.3** SCAS Safeguarding arrangements must include the following Named Professionals who will provide leadership and promote professional practice and give advice and expertise are listed below: Named Doctor - N/A Named Professional Children - Lynn Lawrence Named Professional Adult - Dan Dray PREVENT Lead - Dan Dray Learning Disability Lead - Saricka March MCA Lead - Steven Jephcote Designated Officer for Allegations - Sarah Thompson Executive Lead Safeguarding - Helen Young Non Executive Director Safeguarding - Anne Stebbing	Section 11 Audit	Yearly Workforce Planning and budget setting.	SAAF July 2022, legislation and mandatory reporting as per chapter 3	✓				Recruitment to final post Band 7 LPS lead. No further actions, milestone complete	Sarah Thompson	20.1.23 All Statutory posts in place
	4.5 Statutory and Mandatory Reviews 4.5.1 Rapid Reviews 4.5.2 Child Safeguarding Practice Review 4.5.3 Child Death Review 4.5.4 LaDeR Review 4.5.5 Domestic Homicide Review 4.5.6 Safeguarding Adults Review 4.5.7 Other Reviews **4.6** Parallel Investigations - e.g. Patient Safety	Annual report and quarterly reports to Safeguarding Committee	Local Authority Partners	SAAF July 2022, legislation and mandatory reporting as per chapter 3	✓				Scope the numbers and purpose of multi-agency safeguarding board meetings across the geography of SCAS. Decide on the priority meetings that must be attended and agree how information taken to the meetings. Ensure all are put into one document to understand RAG rating Ensure the learning is included in level 2 and 3 training Ensure attendance at safeguarding board sub-groups	Sarah Thompson	**November 13 2022** Commenced but not quality assured from boards **Jan 6 2023** Written to each board via ICB requesting any outstanding recommendations for SAR/SCR. Completed a report for Safeguarding Committee re this action - 9 Jan **January 17th 2023** All returns to date - none outstanding **January 20 2023** Case review spreadhsheet in place. Awaiting all returns from partnerships as to any outstanding recoemmndations. **February 14 2023** All partnerships have made a return, there are no outstanding actions.
(2) 4.2.1 Safe recruitment practices and arrangements for dealing with allegations against staff.	**3.5.6, 3.5.7** Close liaison and support from HR and IT to ensure policies and procedures which accord with safe recruitment practices, including DBS and Enhanced DBS checks for new staff and for staff referred following removal or resignation. Allegations framework and procedures in place to repond to allegations against anyone who works in SCAS. Liaison with the appropriate external agencies including LADO, PiPoT Lead in Adult Services, and Police. Close cooperation with HR for allegation management, staff interviews, investigations and reports. Lead by the AD Safeguarding.	To report against the Allegation Management Policy Themes Hotspots Job Role Analysis Numbers	To ensure dedicated administration support to this function to enable chasing, reporting, analysis, and minute taking. HR support	SAAF July 2022, legislation and mandatory reporting as per chapter 3	✓				Agree Allegation management policy Provide training to HR, recruitment teams and appropriate line managers **Embad PA role to support this function** **Align with Prof standards function** Meet with all LADO/PiPOT in all areas Training delivered – Dec 15 Dec 12 and November 11 Set up new system with admin New mailbox **Allegation Management Trust wide** **Review capacity of current team with HR** **Agree Admin function – Business Case** Review Role of Business Manager to support this function Emerging theme report to Safeguarding Committee 1st March DBS training arranged for 18 March 2023 6th January 2023 - Action complete	Sarah Thompson	**November 13 2022** Report to private board 11 November 2022 Training to HR – 8 Nov – to be launched trust wide **7 December 2022** - Further LADO training to staff on 12 and 15 December. Positive feedback via Leadership webinar. Increase in cases. PA commenced attended awayday **9 Jan 2023** Seen increase in allegation cases – bank admin in post. Dedicated email in place. Report to next Safeguarding Committee March **17th January 2023** Trust Board and Execs more aware of this agenda. Sexual safety charter and staff mental health focus of clinical directorate team meeting. **14 February 2023** Emerging theme report completed and shared with HR and Director of Ops to be incorporated in actions related to the Sexual Safety Charter. Report to be shared at Safeguarding Committee March 1st. Ongoing allegation management training programme continues. **6 March 2023** Week commencing 20 Feb 2023 named professional adults trained in excess of 100 senior leaders in operations on allegation management. DBS training
(3) 4.2.1 Provision of an executive lead for safeguarding children, adults at risk and prevent.	Chief Nurse in post who has Executive responsibility for Safeguarding and PREVENT.	Information within Section 11 Audit	Supported by AD Safeguarding	SAAF July 2022, legislation and mandatory reporting as per chapter 3	✓					Sarah Thompson	
(4) 4.2.1 An annual report for safeguarding children, adults and children in care to be submitted to the trust board.	In close liaison and with the full support of IT and the provison of data analytics from Business Intelligence the AD Safeguarding will lead on the compilation of the annual report to the trust board	Quarterly Reports for contract scheduling Safeguarding Committee Reports Reports to Quality & Safety Committee Reports to Exec Report to Patient Safety Delivery Group Report to Patient Safety Group Risk Register	Support from IT, BI, and administration function	SAAF July 2022, legislation and mandatory reporting as per chapter 3	✓				• Combine all report recommendations related to this subject and action to completion (separate action plan) • Align a project Lead – DD/PP • Ensure Board aware - 3.11.22 • Data every incident where referral delay noted and describe issue – new action • Ensure any harm is identified after the delay and if necessary, alert Execs and provide incident report - new action • PP and DD to visit Wales Amb Service – discussed at conference 11 November • Ensure referral form is fit for purpose • Ensure **SOP for safeguarding team usage** • ST to hold discussion with Wokingham re use of generic referral form • Ensure monthly quality of referral audit • Include quality of referral in training • **Provide an Aide Memoire to staff regarding a 'good quality referral'** • **Ensure with IT that the OOA postcodes are a mandated field** • **Create an internal triage threshold document with associated flowcharts/procedure doc, work with LA's on 2 entry points to LA** • **Routine feedback to staff – daily task** • Ensure all staff are trained by Docsworks compulsory • Create prioritisation tool for returned referrals • Joint working with SWASFT and Welsh amb to produce network meeting – working group • Re design referral form to be algorithm based • **Be a member of the Cleric working improvement group with PTS** • **QA Private Provider referrals and feedback learning to them**	Sarah Thompson	**November 13 2022** IT action plan devised to aid focus to project leads – DD and PP to populate Board aware – Initiated Technical Assessment Report 3/11/22 – draft report available All incidents reported **7 December 2022** Made P1 at Awayday – new tasks added Safeguarding Team to be trained in Docworks – 14,15 or 16 December 2022 **9 January 2023** DD and PP requested to work together with SWASFT and Wales on joint project Meeting with Docworks 5.1.23 – agreed actions fire referrals to be automated with immediate effect – awaiting algorithm from SWASFT to commence with mandatory fields KB updating Triage SOP following ST's comments PP and KB have completed a first draft for the Aide Memoire PP to send to ST, DD and LL for review AC tasked with OOA Communication Referral form agreed Create audit template for quality of referral audit Internal triage doc in draft PP to attend cleric working group **14 February 2023** The importance of consent is included in the development of the new referral form.
(4b) 4.2.1	Development of Dashboard to assist	Ensure dashboard has all agreed areas as per Rapid Review Report: No. Referrals – child/adult Training compliance Child death rates Referrals broken down to area Referral themes No. Section 42 enquiries and themes No. SAR and themes No. Child Safeguarding Practice Reviews and themes No. Allegation Management cases and themes No. DHR and themes No. LaDer reviews and themes No. fire referrals No. SI's related to safeguarding	Support from BI	SAAF July 2022, legislation and mandatory reporting as per chapter 3	✓				Ensure building of Dashboard	Sarah Thompson	**November 13 2022** 1st draft of amended dashboard available **December 7 2022** Estimate received from 'Differentia' to develop and build the safeguarding dashboards – 20 day estimate. Agreement required from Head of Performance and then start date to be confirmed. Data sophisticated following request from Chief Nurse. **January 6 2023** PP to chase PK Patient Delivery Group made aware – 5 Jan 2023 **January 17th 2023** Phil King has been given access to the Dashboard by the developers. Phil will test it this week and then set some time aside with the senior SG team to demonstrate. Basic Dashboard to be available to SG team with training by 17th February. PP has suggested deadline of 31st March to get all other aspects available on the Dashboard **14 February 2023** Phil King is demonstrating new updated dashboard on the 17th February. **6 March 2023**
(5) 4.2.1 A suite of safeguarding policies and procedures that support local multi-agency safeguarding procedures.	Review, revision and updating of all safeguarding policies and procedures to support local multi-agency working including ICB's, LA's, Police, Social Care, GP's, SABI's, CSP's and other agencies as may be required.	Audit the quality of safeguarding referrals Regular audit of policies as per audit schedule Attendance at Safeguarding Boards, Sub-Groups, and other multi-agency meetings relevant to SCAS Monthly scrutiny group meetings with ICB NHSE Colleagues Safeguarding Committee	Setting portfolios for responsibility to each member of the Safeguarding Team Inclusion of wider Trust staff to attend multi-agency meetings such as operational staff, HR, Education, Mental Health Team, and Complex Care Team	SAAF July 2022, legislation and mandatory reporting as per chapter 3	✓				Audit of policy as per audit schedule	Sarah Thompson	**14 February 2023** All policies agreed and in place. Audit will become business as usual.
(6) 4.2.1 Effective training of all staff commensurate with their role and in accordance with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019, Looked After Children: Roles and Competencies of Healthcare Staff 2020 and the Adult Safeguarding: Roles and Competencies for Health Care Staff 2018.	Safeguarding Training Strategy and Operational plan Regular training compliance reports	Monthly training compliance figures against all Safeguarding levels, MCA, PREVENT all levels, and LD	Education required to support delivery of training and training reporting	SAAF July 2022, legislation and mandatory reporting as per chapter 3		✓			• Safeguarding to be included in induction • Agree standardised delivery and content of L1, L2, L3 and L4 Child and adult safeguarding • Agree Prevent training level 1 and 2 • Agree MCA training • Agree bespoke training package • **Agree Volunteer training** • Ensure Board training • **Ensure L&D provide monthly data – fit for purpose** • **Ensure launch of LD – Oliver McGowan training** • Increase L&D team with Safeguarding Leads • Education to be made a priority • **Agree reporting schedule for all areas** • Deliver bespoke package to Education team and safeguarding team to achieve level 3 – Dec 15 • Deliver training on behalf of MC – Dec 2 • Docsworks training to all safeguarding team • Member of safeguarding training sub group • Been part of ofsted inspection • Work with 111 and 999 building level 3 training for foundation training • **Building a uniform package with bespoke element** • Teaching to driving school on 4 Jan for one hour • ST & Southern Health to agree safeguarding reporting Education team to manage logistics	Sarah Thompson	**November 13 2022** Draft training plan agreed – for safeguarding committee 21 November **December 7 2022** AD Education attended Awayday. Agreed as P1 in work plan priorities. Tasks added Board Training to be delivered 15 December by AD Safeguarding Agreed Safeguarding in Education Role – attended awayday Increased capacity in Education team for safeguarding **Jan 6 2023.** AD Safeguarding and AD Education met with actions. Meeting booked for w/c 9 Jan to set timetable for delivery of new curriculum commencing 1 April. Draft uniform Level 2 package completed **January 17th 2023** PP has offered training dates on how to use my online referrals for Southern Health staff. Driver training occurred on 4th January. SG and Education have met. Priority group A will continue with making connections. Priority Group B will commence training with making connections in the new financial year. In parallel with this will be the BAU SG trng programme. Agreement to be sought from workforce committee as to abstraction. MCA training Workforce committee has agreed 4 hours of online MCA trng 2023/2024 **14 February 2023** Additional dates added for the delivery of priority a and b group to improve trajectory. Development of level 2 & 3 continues with deadline of March 31st. IThe internal delivery will twin track with external company delivery. **6 March 2023** PTS delivery agreed as 3 hours by video, to include scenarios. Delivery plan mid-April to agree dates and venues. Priority A Group plan to continue Fridays and for those who have not attended, plus ECAs, be the priority.
(7) 4.2.1 Safeguarding must be included in induction programmes for all staff and volunteers.	Adhere to Safeguarding training strategy. Accurate records to be kept of staff compliance and training statistics.	Monthly training compliance figures	Education required to support delivery of training and training reporting	SAAF July 2022, legislation and mandatory reporting as per chapter 3	✓				Ensure safeguarding is included in Trust induction	Sarah Thompson	
(8) 4.2.1 Providing effective safeguarding supervision arrangements for staff, commensurate to their role and function (including for named professionals).	Creation implementation and review of Supervision Policy and deal with agreed actions that may arise from implementation at a strategic and operational level Ensuring appropriate supervision is available for named professionals and other staff as may be appropriate Monitor compliance of the supervision and standards in line with the policy Supply an annual report on the Policy and its impact on supervision for staff across the Trust	P3 in workplan, supervision compliance figures per service area	Supervisors will require supervision training, Operational teams will have to agree abstraction and prioritisation tool to determine priority groups	SAAF July 2022, legislation and mandatory reporting as per chapter 3				✓	• Ensure Supervision policy agreed • Prioritise team members receive supervision • Ensure adhoc supervision for complex cases for frontline staff • **Prioritise staff groups for supervision** • Ensure safeguarding professionals have supervision training qualification before attempting to supervise • Produce extraction document for Ops	Sarah Thompson	**November 13 2022** All staff members who are substantive receive supervision from ICB colleagues **December 7 2022** Adhoc supervision to be recorded in real time. To commence group supervision for allegation management -P1 Agreed to do an adult and child case at each team meeting **6 Jan 2023** No further progress on this action **17th January 2023** Reciprocal arrangement agreed with LAS. **14 February 2023** Ad Hoc supervision continues. AD Safeguarding has commenced supervision with FTSU team. **6 March 2023** Aligned named professional children and safeguarding specialist children to agree supervision model. 1200 paramedics first group.
(9) 4.2.1 Developing an organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing.	Raising awareness of safeguarding and staff responsibilities to question, report, information share and engage thoughout SCAS. Provision of training, publications, posters together with feedback and plaudits. Team to ensure referrals are complete and timely. Safeguarding to assess referrals and action within target timeframe.	**3.5.3** Ensure by March 2023 CPIS must cover all urgent and emergency care settings Quality of Safeguarding referral audit Safeguarding Stars Feedback from Local Authority Training compliance Safeguarding activity as measured in the weekly planner	Funding to be agreed from Orlivus to enable front line staff to see CPIS from EPR tablet Finance Department and IT Support from Communications Team	SAAF July 2022, legislation and mandatory reporting as per chapter 3				✓	Ensure by March 2023 CPIS must cover all urgent and emergency care settings Quality of Safeguarding referral audit Commencement of Safeguarding Stars **Feedback from Local Authority** Training compliance Safeguarding activity as measured in the weekly planner Merging of Sexual Safety Charter and Allegation Management Action Plan	Sarah Thompson	**December 7 2022** Offer from Orlivus to enable FL staff to see CPIS from their EPCR tablet – look up mandatory for all those under 18 years – funding to be agreed **January 6 2023.** SOP draft completed for review Patient Safety Delivery Group made aware 5 Jan **January 17th 2023** PP has shared CP-IS Sop with LL for discussion PP to trace Orlivus **6 March 2023** A change request notice [CCN329] has been raised– Authorised and funded for development by Clinical / Safeguarding Leads w/c 13th Feb. PO relaed awaiting final steps Proactis authorisation before being provided to supplier Orlivus for inclusion in next sprint window – commencement date
(10) 4.2.1 Developing and promoting a learning culture to ensure continuous improvement.	Support a strong culture of peer learning and knowledge sharing as a key enabler of organisation-wide improvement. Safeguarding will prioritise efforts that allow staff to come together on a regular basis to share ideas and learning in an open and respectful way. Visible and sustained commitment to improvement programmes from trust leaders is essential Ensuring that improvement priorities and metrics are aligned with agreed safeguarding objectives	Culture assessed by themes in Allegation Management General feedback from staff Evaluation in training	Organisational Development Team Education Team Executive Team support Communications Team	SAAF July 2022, legislation and mandatory reporting as per chapter 3				✓	Ensure all good practice is recorded and reported to ST Safeguarding Star to be agreed monthly and then awarded at trust award ceremony as star of year Safeguarding presentation slot at every Board and Safeguarding Committee **Review training evaluation monthly and record** Provide examples on changes in practice as a result of learning Associate Director Safeguarding to deliver presentation on behalf of NHSE "Wicked Problem"	Sarah Thompson	**November 13 2022** All good practice kept – yet to establish process formally Jan 3 2023 – PP to include this as decision for December star in next SMT Jan 2023 **17th January 2023** Panel held on Friday 13th, 2 cases agreed One of the cases has seen HY write to all staff involved in that case **20 January 2023** HR meeting to discuss cases together **14 February 2023** See sections 2 and 6 **6 March 2023** Sexual Safety and deep-dive action plan progress
(11) 4.2.1 Policies, arrangements and records to ensure consent to care and treatment is obtained in line with legislation and guidance.	To ensure consent is gained and evidenced within the Safeguarding Referral Form. Staff within the training programme are aware when and when not to gain consent. Staff to be made aware of 'Making Safeguarding Personal' in Adult Safeguarding.	As part of Quality of Referral Audit Measurement of complaints relating to consent	Patient Experience, IT , and Education	SAAF July 2022, legislation and mandatory reporting as per chapter 3	✓				Undertake an audit specifically related to consent in adults and children as part of the quality of referral audit cycle Monitor any patient experience complaints related to consent Review all policies to ensure consent is included	Sarah Thompson	**14 February 2023** The importance of consent is included in the development of the new referral form.

Appendix 3 – Safeguarding Risk Register – updated 1 June 2023 Version 1.2

	SAFEGUARDING RISK REGISTER							
		22/23	Aug-22	Dec-22	Jan-23	Feb-23	Apr-23	Trend
Ref								
	QUALITY OF CARE, PATIENT OUTCOMES, SAFETY, EXPERIENCE AND EXCELLENCE							
SG1	IF SCAS do not work effectively with the Safeguarding Children's Partnerships or Safeguarding Adult Boards THEN there is a risk that the Trust do not keep pace with the strategic work undertaken by the partnerships RESULTING in a failure to meet statutory requirements		**9**	12	12	20	12	NEW
SG2	IF there insufficient specialist safeguarding staff THEN there is a risk that the Trust will be unable to fulfil its statutory safeguarding functions RESULTING in patient harm.		**9**	12	12	20	12	NEW
SG4	IF SCAS staff do not receive safeguarding training THEN there is a risk that vulnerable patients will not be correctly identified RESULTING in potential patient harm		4	16	16	16	16	NEW
SG6	If the CP_IS system is not accessed regularly in the urgent care setting, then the Trust staff member is not aware if the child has a child protection plan or is a looked after child. The assessment of risk will then not be determined accurately.			12	12	12	12	NEW
SG7	The Trust server keeps having regular outages and the safeguarding referrals are potentially delayed in reaching their destination			25	25	25	25	NEW
	EMERGENCY PERFORMANCE, COMMERCIAL VIABILITY AND OPERATIONAL EXCELLENCE							
	STAKEHOLDER PRECEPTIONS AND TRUST REPUTATION							
	COST PRESSURES RELATED TO THE ECONOMIC CLIMATE AND CHANGES IN THE WIDER HEALTH ECONOMY, INTERGRATED GOVERNANCE AND VALUE FOR MONEY							
	WORKFORCE AND DEVELOPMENT, LEADERSHIP AND CULTURE							
SG8	IF SCAS staff do not receive safeguarding training THEN there is a risk that vulnerable patients will not be correctly identified RESULTING in potential patient harm				16	16	16	NEW
SG9	IF SCAS staff do not receive safeguarding supervision training THEN there is a risk that vulnerable patients will not be correctly identified RESULTING in potential patient harm				16	16	16	NEW
	COMMERCIAL VIABILITY							
	Risks closed January 2023: SG3, SG5							

Ref No	Date identified	Date of Latest Update	Risk Title	Description of Risk	Cause	Consequence / Likely outcome for SCAS	SCAS Objective	Inherent Impact	Inherent Probability	Risk Score	Control Name	Control Description	Control Owner	Frequency	Control Rating	Residual Impact	Residual Probability	Residual Risk Score	Owner / Director	Related Issues / Contributing Factor	Issue / Contributing Factor description	Issue / Contributing Factor Rating	Issue Contributing Factor Owner	Actions	Action Description	Action Owner	Action Due Date	Supporting Evidence for mitigation / Additional Comments
	Date the risk was identified	*When the risk was last updated*	*Name of risk*	*Brief description of risk (IF THEN RESULTING)*	*Potential causes of the risk materialising*	*Potential impacts to SCAS should the risk materialise*	*What SCAS objective does this risk relate to*	*Using the Impact table, what would the impact level be*	*How likely is it that this risk materialises if no controls were in*	*Automated risk score*	*Name of control in place to mitigate the risk*	*Description of how the control works*	*Person responsible for the control*	*How often the control is performed*	*How effective is the operation of the control*	*Using the Impact table, what would the impact*	*How likely is it that this risk materialises*	*Automated risk score*	*The person responsible for the*	*Name of issue or contributing factor which impacts the risk*	*Description of the issue or contributing factor which impacts the risk*	*Rating of issue / Contributing Factor*	*Person responsible for resolving the issue*	*Name of action plan*	*Description of actions taken as part of the action plan*	*Person responsible for ensuring*	*When the action plan is due to be completed*	*Commentary explaining any changes to the risk or relevant information*
SG1	Aug-22	Apr-23	Safeguarding System Risk	**IF** SCAS do not work effectively with the Safeguarding Children's Partnerships or Safeguarding Adult Boards **THEN** there is a risk that the Trust do not keep pace with the strategic work undertaken by the partnerships **RESULTING** in a failure to meet statutory requirements	Lack of representation at the boards and partnerships Lack of resource to attend the boards and partnerships	Negative impact to the Trusts reputation for Safeguarding Potential to miss out on organisational learning Potential loss of ability to influence the wider safeguarding system Potential to miss out of policy or procedure updates	Quality of Care, Patient Outcomes, Safety, Experience and Excellence	Major	Almost Certain	12	Partnership Representation	There is a meeting proposed for November 2022, with the HOW ICS and the designated nurses with safeguarding Board representation to discuss how SCAS is best represented and can work effectively with to act on behalf of SCAS	ICB Designated Nurses	Ongoing	To Be Assessed	Moderate	Possible	9	Helen Young	Safeguarding Leadership Capacity	There is a limited capacity of both corporate and safeguarding leadership to attend the meetings.	High	Helen Young	Progress updates	Communication of our progress again our safeguarding improvement plan to all partnerships and boards.	Helen Young	May-23	**April 23: suggest reduction from 20 to 12 due to increased visibility and productivity with Safeguarding Boards. .** **January 2023:** Named Professional Adult, Named Professional Children and Associate Director Safeguarding have attended Safeguarding Board meetings at all levels including JARs, Portsmouth SAB Quality Group, BCB ICB Health Economy Safeguarding Committee, Berkshire West Health Partners Strategic Safeguarding Committee, Slough Safeguarding Partnership, Immigration Hotels meeting. Attendance at these forums provides visibility of SCAS teams and supports priorities for 2023/2024. Quarterly whole System meeting agreed for 7 March 2023. Consideration for reduction in Risk Rating to 12 (from 20) **December 2022:** Meeting held with ICBs and SG boards on 30/11/22. Team away day agreed to prioritise
											7 Minute Briefings	Briefing papers from the Partnerships and Boards on specific cases or learning themes	Partnerships and Boards	Ad-hoc	To Be Assessed													
SG2	Aug-22	Apr-23	Capacity Risk	**IF** there insufficient specialist safeguarding staff **THEN** there is a risk that the Trust will be unable to fulfil its statutory safeguarding functions **RESULTING** in patient harm.	Rapid turnover of staff with high attrition rates Safeguarding resource has been remodelled	Increase in patient harm and poor quality care Negative impact on reputation Staff not clear on safeguarding responsibilities Increased pressures on existing staff Increase in backlog of referrals Failure to meet statutory requirements	Quality of Care, Patient Outcomes, Safety, Experience and Excellence	Major	Almost Certain	12	Interim Roles	We have 3 interim Safeguarding Professionals in place. One is being extended to 31/01/2023. 2 x Light Duties Staff currently in post as additional Safeguarding Practitioners.	Helen Young	Ongoing	To Be Assessed	Moderate	Possible	9	Helen Young	Talent Pool	Specialist safeguarding professionals are difficult to recruit with a limited talent pool	Urgent	Helen Young	Recruitment Plan	Specific safeguarding recruitment plan in place in line with the new safeguarding resource model	Helen Young	Jan-23	**April 2023: suggested reduction from 20 to 12 due to impending resource fulfilment and recent offer to the MCA/LPS role.** **February 2023:** all roles filled (two Band 7s starting February 16 and 28 2023) and one vacancy with interviews held and offer sent out with start date May 2023. Consider changing Risk rating from 20 down to 12 due to impending resource fulfilment. Progress against team growth shared at Quality and Safety Committee (Jan 23). **December 2022:** Advert for B7 SG Specialist (Children) closed 08/12/2022. Shortlisting to take place w/c 12/12/2022. 2 x Light Duties Staff commenced in post as additional SG Practitioners. **November 2022:** Safeguarding Named Professional Adult and AD Safeguarding commenced in role on 7 November. Child Safeguarding Named Professional starts Jan 3. Band 7 Safeguarding child specialist
											Safeguarding Resource Model	Continuous review of the resource model against safeguarding requirements. 1 x permanent Safeguarding Professional (Adults) in post. 1 x permanent Safeguarding Professional (Children), confirmed start date 03/01/2023.	Helen Young	Ongoing	To Be Assessed													
SG4	Aug-22	Jan-23	Training Risk	**IF** SCAS staff do not receive safeguarding training **THEN** there is a risk that vulnerable patients will not be correctly identified **RESULTING** in potential patient harm	Lack of safeguarding training strategy	Staff not clear on safeguarding responsibilities Staff not identifying and raising safeguarding concerns Failure to meeting statutory requirements Negative impact on reputation Increase in patient harm and poor quality care	Workforce and Development, Leadership and Culture	Major	Likely	16	External Level 3 Training	External company to deliver level 3 safeguarding training virtually	Helen Young	Weekly	To Be Assessed	Major	Likely	16	Helen Young	Operational Pressures	Ongoing operational pressures have reduced ability to release staff for training	Urgent	Helen Young	Safeguarding Training Strategy	Trust wide Safeguarding training strategy approved by Safeguarding Committee. Development of the subsequent training plan by the training subgroup will commence October 2022.	Helen Young	TBC from initial output from subgroup	**April 2023: Training Strategy: consider closing as Training Strategy agreed and in place. Now risk opened on Training Delivery and Implementation.** **January 2023:** Training Strategy approved, so request this Risk can be closed (note: new Risk regarding Delivery and Reporting of Training raised ref SG8). **December 2022:** Level 1 trg review complete. Level trg review expected complete w/e 16/12/2022. Priority groups at Level 3 agreed at away day and included in Workforce Board planning for 23/24. **November 2022:** Training Plan agreed at Safeguarding Committee. Priority Group 1 agreed with ECA and PTS Priority group 2 for SGL3 **October 2022:** Level 3 training trajectories and the level 1 / 2 compliance dashboard are reviewed by the Executive Committee and Safeguarding Committee.
											e-Learning	Online learning platform containing all mandatory training that does not require face to face training, including level 1 and 2 safeguarding courses.	Ian Teague	Ongoing	To Be Assessed													
											Training Content Review	Level 1, Level 2 and Level 3 training modules to be reviewed	Safeguarding	Ad-hoc	N/A													
SG6	Oct-22	Feb-23	Systems Risk	If the CP_IS system is not accessed regularly in the urgent care setting, then the Trust staff member is not aware if the child has a child protection plan or is a looked after child. The assessment of risk will then not be determined accurately.	Access is not consistent across the trust	Potential patient harm and poor quality care	Quality of Care, Patient Outcomes, Safety, Experience and Excellence	Major	Likely	12	Access Issue	CP_IS is accessed in some areas of the Trust. Staff are trained to recognise abuse or neglect irrespective of information held on CP_IS	Sarah Thompson	Daily	Partially Effective	Major	Likely	12	Helen Young	IT systems	No accompanying SOP. Lack of training on usage of system	High	Jill Lanham	IT system	Ensure access to CP_IS is consistent across all settings named as "Urgent Care". Ensure staff are aware of their responsibility when accessing CP_IS by use of a SOP	Helen Young	31-Jan-23	**February 2023:** Business Manager to share EOC CP/S SOP with Named Professional Children for agreement and Business Manager to chase Oribus for committed delivery date (if doing shared bid with SWAST). **December 2022:** Offer from Oribus to enable frontline staff access to CP_IS from the SCAS ePR tablets. Funding to be agreed. **November 28 2022** No futher progress with this item **26 October 2022** 111 have access. EOC have been given access and security tests have been completed. Plan will be for call taker to check CP-IS for all under 18's and details passed to dispatcher and dispatcher to send to staff attending scene. SOP to be written for EOC staff to ensure adequate understanding.
SG7	Oct-22	Apr-23	Safeguarding System Risk	The Trust server keeps having regular outages and the safeguarding referrals are potentially delayed in reaching their destination	Server is not reliable and has regular outage issues	Potential patient harm and poor quality care	Quality of Care, Patient Outcomes, Safety, Experience and Excellence	Catastrophic	Almost Certain	25	Server Issue	Administration staff within the safeguarding team are alerted to any delayed referrals.	Sarah Thompson	Daily	Not Effective	Catastrophic	Almost Certain	25	Helen Young	IT systems	There are too many systems being hosted on a single server.	Urgent	Jill Lanham	IT system	"It appears that the server holding the "DocWorks" system is not prioritising safeguarding in its prioritisation of a critical function.	Helen Young	15/11/2022	**April 2023: Referral system suggested reduction from 25 to 15 due to Docworks and Safeguarding project work, traffic light system and better understanding in the Safeguarding team - stay at same risk due to recent OOA incident.** **February 2023:** Purchase Order agreed and with Docworks on 23 January 2023. Awaiting DPIA and approved referral form. Docworks purchasing servers (30 day lead in time). Associate Director requested Project Plan from Docworks as to timescales, tentative agreement for this to be in place by new financial year. New Project Manager (Andy Siddiqi, SCAS) identified, with whom the Referral process has been shared, and a new project group created to enable the migration smoothly. **Propose reducing Risk Score from 25 to 15 due to mitigation from the traffic light system, ongoing work with Docworks and better knowledge within the Safeguarding team.**
SG8	Aug-22	Jan-23	Training Risk	**IF** SCAS staff do not receive safeguarding training **THEN** there is a risk that vulnerable patients will not be correctly identified **RESULTING** in potential patient harm	Change in Safeguarding Training Programme aligned to Inter Collegiate document.	Staff not clear on safeguarding responsibilities Staff not identifying and raising safeguarding concerns Failure to meeting statutory requirements Negative impact on reputation Increase in patient harm and poor quality care	Workforce and Development, Leadership and Culture	Major	Likely	16	External Level 3 Training	External company continue to deliver level 3 safeguarding training virtually.	Helen Young	Weekly	Partially Effective	Major	Likely	16	Helen Young	Operational Pressures	Ongoing operational pressures have reduced ability to release staff for training	Urgent	Helen Young	Delivery of Safeguarding Training Strategy	Agreement of Trust wide content, delivery, reporting of all Safeguarding Training levels. In addition Prevent, Learning Disability (LD) and Mental Capacity Act (MCA) Assessment to be included.	Helen Young	Apr-23	**April 2023: new risk - SG8: Risk Training implementation – suggested Risk Rating 16** **January 2023:** Statutory/Mandatory Education proposal presented by Education at Patient Safety Group (Jan 23) and Chair requested a Working Group to review and agree due to complexity of the paper, with representation from Operational teams as well as Subject Matter Experts. This meeting was held, awaiting sign off from Executive team.
											e-Learning	Online learning platform containing all mandatory training that does not require face to face training, including level 1 and 2 safeguarding courses.	Ian Teague	Ongoing	Partially Effective													
											Training Content Review	Level 1 - agreed Level 2 - pilot delivered 24 January 2023 with some modifications required Level 3 - partly delivered by external company, plus Training from Safeguarding team	Safeguarding Team	Ad-hoc	Partially Effective													
SG9	Nov-22	Feb-23	Training Risk	**IF** SCAS staff do not receive safeguarding supervision training **THEN** there is a risk that vulnerable patients will not be correctly identified **RESULTING** in potential patient harm	Inability to release staff to undertake supervision training	Staff not clear on safeguarding responsibilities Staff not identifying and raising safeguarding concerns Failure to meeting statutory requirements Negative impact on reputation	Workforce and Development, Leadership and Culture	Major	Likely	16			Helen Young	Weekly	Partially Effective	Major	Likely	16	Helen Young	Operational Pressures	Ongoing operational pressures have reduced ability to release staff for training	Urgent	Helen Young	Delivery of Safeguarding Training Strategy	Agreement of Trust wide content, delivery, reporting of all Safeguarding Training levels. In addition Prevent, Learning Disability (LD) and Mental Capacity Act (MCA) Assessment to be included.	Helen Young	Apr-23	**April 2023: new risk** **February 2023:** require mitigations to release staff to undertake supervision training.
													Ian Teague	Ongoing	Partially Effective													

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