



Board of Directors (in Public) Annual Safeguarding Report 26 October 2023

Item 4.7.1

Presented for:	Information
Accountable Director:	Clare Ashby, Interim Executive Director of Quality, Governance and Performance Assurance.
Presented by:	Clare Ashby, Interim Executive Director of Quality, Governance and Performance Assurance.
Author:	Vicky Maxwell, Head of Safeguarding
Previous Committees:	Safeguarding oversight report is reviewed quarterly at Clinical Governance Group. Quality Committee – 7 September 2023
Legal / Regulatory:	Yes

Key Priorities/Goals	<p>Deliver the best possible response for each patient, first time</p> <p>Be a respected and influential system partner, nationally, regionally and at place</p> <p>Create a safe and high performing organisation based on openness, ownership and accountability</p>
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Strategic Ambition	(✓)	BAF Strategic Risk
1. Patients and communities experience fully joined-up care responsive to their needs		
2. Our people feel empowered, valued and engaged to perform at their best	✓	2a Ability to ensure provision of sufficient clinical workforce capacity and capability
3. We achieve excellence in everything we do	✓	3b Ability to influence and respond to change in the wider health and care system
4. We use resources wisely to invest in and sustain services		

Key points	
1. Annual update to Quality Committee safeguarding statutory function	For information
2. To advise Quality Committee of the Safeguarding work Plan for 2023-2024	

Board of Directors (in Public) Annual Safeguarding Report 26 October 2023

Report of the Interim Executive Director of Quality, Governance & Performance Assurance

1. SUMMARY

1.1 This report is an annual assurance report to the Board, outlining the Safeguarding statutory activity in 2022-2023. The safeguarding risks are outlined for oversight and discussion.

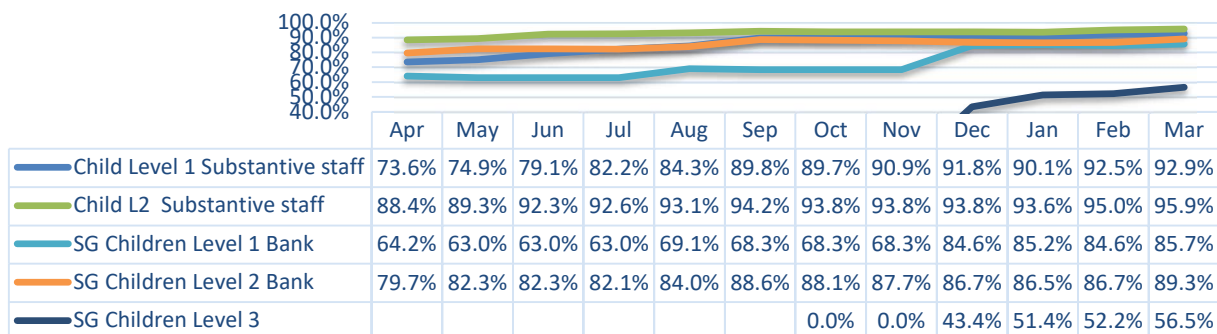
2. BACKGROUND

2.1 The safeguarding team discharge the statutory responsibility for the trust in respect of the Children Act (2004) and Care Act (2014) and the schedule 4 contracting local quality requirements.

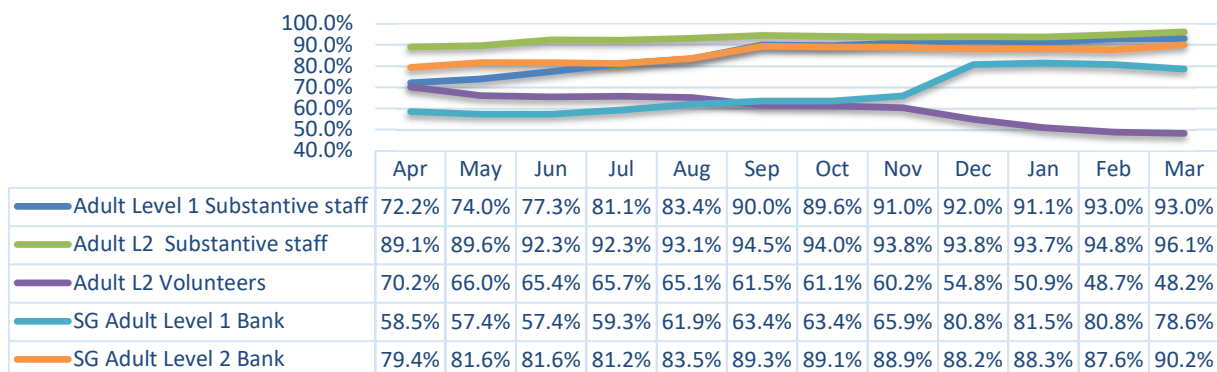
3. PROPOSAL

Training – 2022-23

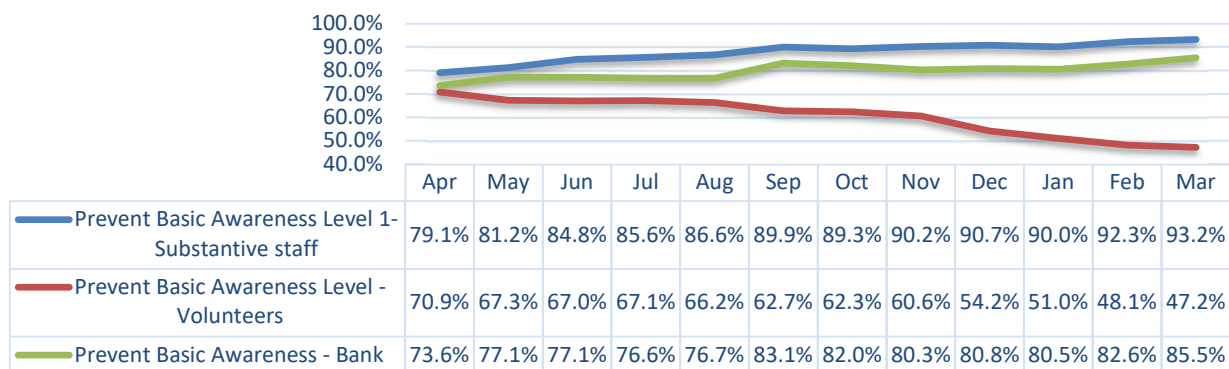
Safeguarding Children Training Compliance 2022 -23



Safeguarding Adult Training Compliance 2022 -23

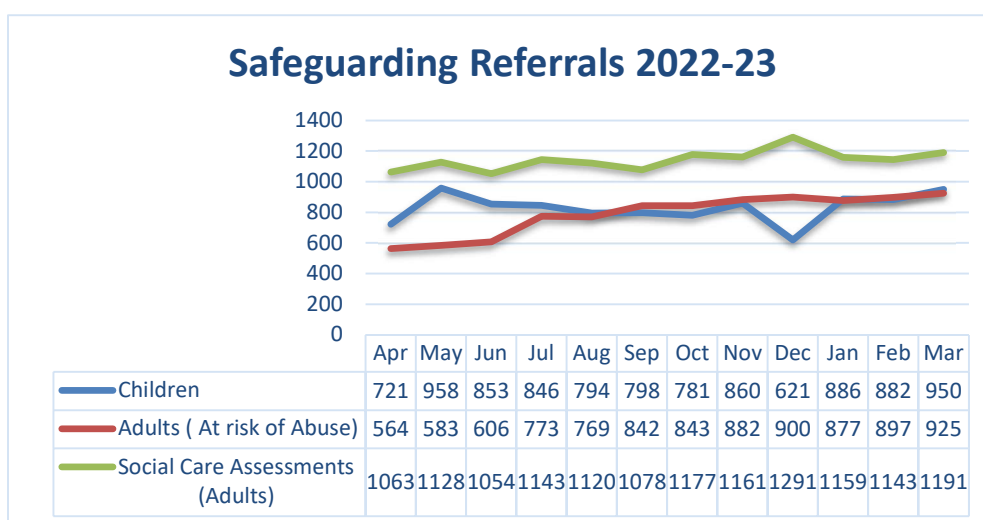


Prevent Basic Awareness Compliance 2022 - 23



- 3.1 Work continues to support the identified staff group to complete safeguarding level 3 training for both adults and children, encouraging uptake amongst staff.
- 3.2 IT is providing challenge in relation to streamlining recording to fit with existing processes for Level 1 & 2, but this is being addressed with the aim of aligning systems so that Level 3 is visible as percentages in the graphs above. Safeguarding Children Level 3 is now processed automatically and level 3 Adult completions are being manually uploaded. Level 3 adult training was 8.82% at end June 2023
- 3.3 Compliance amongst patient facing volunteers for level 2 Safeguarding & Prevent training remains lower than the 85% compliance rate currently, but there is a recovery plan to support volunteers to access IT platforms and complete the required content. Safeguarding is in Priority 1 with a target date for full volunteer compliance of 30 June 2023, this has shown an incline across quarter 1. Prevent is in Priority 2 with a target date of 30 September 2023. There is also a cleanse of the system being undertaken to remove inactive volunteers.

Referrals – Children, Adults and Social Care Assessment – 2022-23



- 3.4 YAS referrals are receiving significant challenge from various local authorities in respect of the quality and quantity of information provided. In some cases local authorities are keen for YAS to use their own portals directly.

This is causing a large amount of additional work for both the safeguarding team and the health desk in respect of attendance at meetings to discuss wider issues and processes, and further review of individual cases.

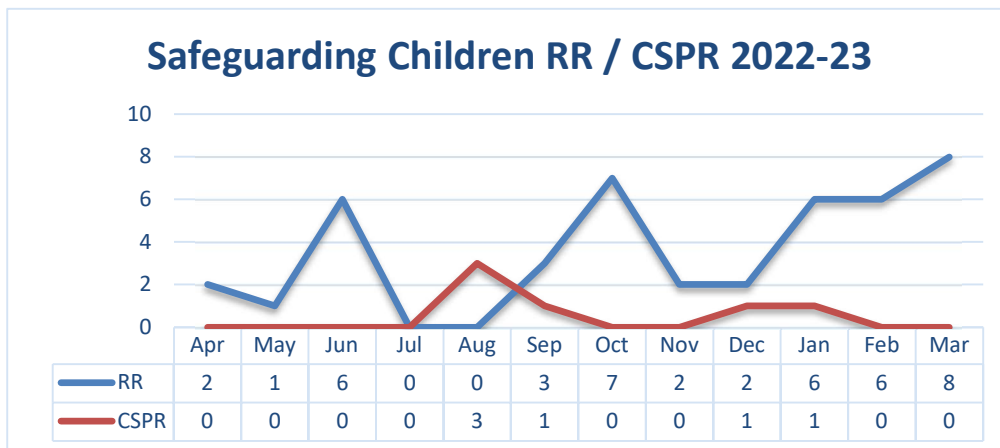
3.5 Safeguarding team actions in place in relation to referrals include: -

- Presentation prepared for Team Leader investment days. To note these have not yet been presented due to cancelled sessions.
- Slides prepared for YAS TV which is currently inoperative.
- Recent safeguarding week – 19 -23 June 2023, focus was ‘the referral and its journey’ with a whole week of comms to staff regarding referrals and what makes a good referral.
- The Head of Safeguarding met with the audit team to discuss safeguarding referrals as a theme for a large audit 2024-2025. It is known that capacity / consent is an issue, abbreviations, detail of incident, demographics, and mental health referrals being sent as safeguarding adult referrals.
- General updates sent out periodically in weekly comms bulletin.

3.6 Additional actions to be implemented:

- Add Datix field in addition to social care enquiry to make it easier to highlight returned referrals.
- Review returned referrals from social care to better understand issue.
- Liaise with clinical hub to gather information around referrals returned to them directly.
- Review referral pathways to determine whether more guidance and compulsory fields can be added, to include narrative around consent.
- Circulate further comms .

Domestic Homicide Review (DHR) – Safeguarding Adult Review (SAR) – Child Safeguarding Practice Review (CSPR)– 2022-23

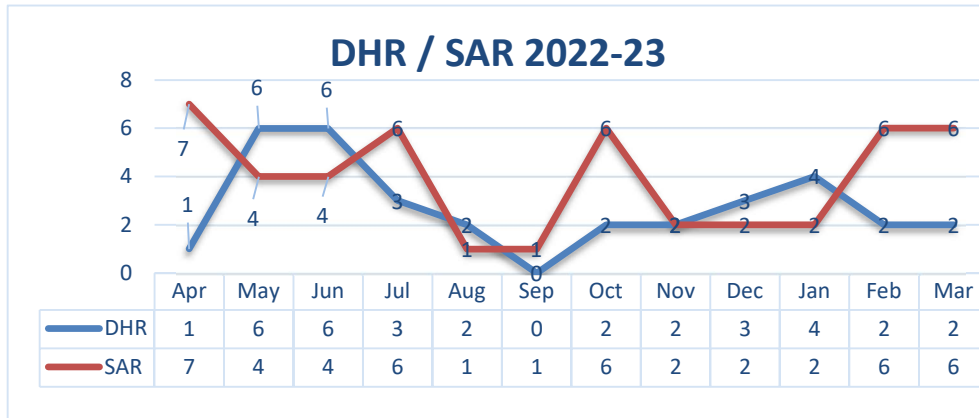


3.7 Throughout 2022-2023 the safeguarding team has contributed towards 43 rapid reviews and 6 Child Safeguarding Practice Reviews.

Prominent themes in 2022-2023 included:

- Non-accidental injuries
- Death by suicide - Hanging
- Sexual Abuse allegations
- Neglectful home conditions
- Stabbings/gang related injuries

- Child deaths progressing to Rapid Reviews with concerns re parenting capacity



3.8 YAS supported the Safeguarding Adults Boards across Yorkshire and the Humber to review and analysed 33 Domestic Homicide Reviews in 2022-2023.

Prominent themes in 2022-2023 included:

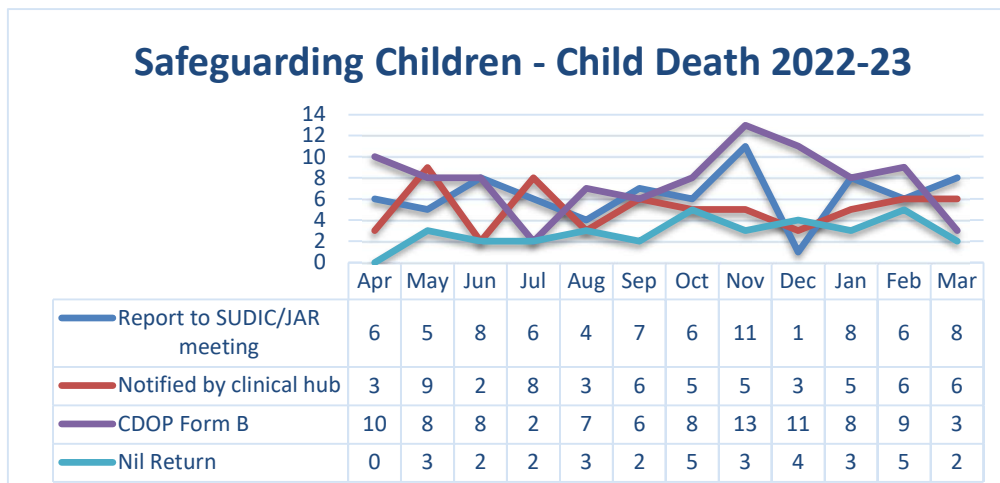
- Suicide following relationships involving domestic abuse (either as perpetrator or victim)
- Alcohol dependency prior to death
- Deterioration in mental health prior to death
- Self-Neglect
- Disengagement with services

3.9 YAS supported the Safeguarding Adults Boards across Yorkshire and the Humber to review and analysed 47 Safeguarding Adult Reviews in 2022-2023.

Prominent themes identified in 2022-2023 included:

- Homelessness
- Self-Neglect
- Alcohol misuse prior to death
- Disengagement from services
- Cuckooing/vulnerabilities
- Estrangement from family / support mechanisms
- Declining mental health

Child Deaths –2022-23

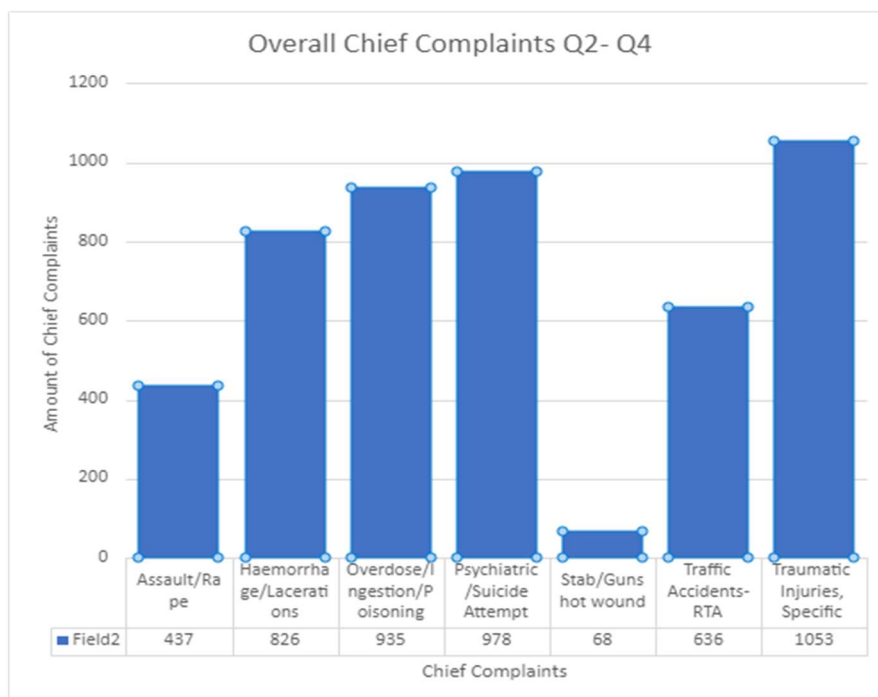


3.10 The Safeguarding team gathered information and provided reports on 264 child deaths in 2022-2023, engaging in multi agency processes when required.

Themes identified in 2022-2023 included:

- Suicide
- Choking
- SIDs
- Overlay
- EOL care/multiple ongoing health conditions
- Pre-term labour
- Road Traffic related incidents
- Stabbings/gang related
- Drowning

Paediatric Liaison

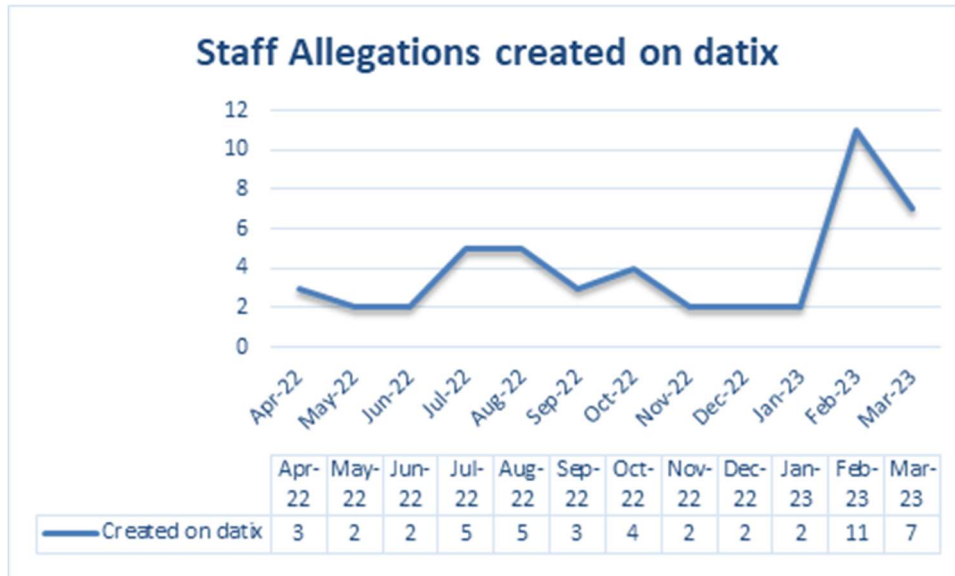


3.11 Children and Young People (C&YP) contacting YAS 999 on more than two occasions within a calendar month are identified and proportion information is shared with GP/ 0-19 services to ensure that they are aware and can provide appropriate care in a more planned and coordinated way.

3.12 In addition to reviewing frequent contacts regarding C&YP, since August 2022 the paediatric liaison nurse has started to review single contacts for the high risk presentations outlined in the graph above. This enables proactive liaison with primary planned care services.

3.13 A large number of 15-17 year old’s contact 999 when at crisis point with their mental health, with many unable to access appropriate and timely planned care.

Safeguarding Allegations



- 3.14 Safeguarding supported 48 allegations against staff raised 2022-2023.
- 3.15 Sexual misconduct was the main theme followed by staff. behaviour, including biased decision making, which didn't follow YAS policy and which potentially put a child at increased risk.
- 3.16 An RPIW is planned to review the process and strengthen the trusts management of allegations September / October 2023.
- 3.17 A series of Level 3 safeguarding CPD sessions have been progressed during 2022-2023 for YAS staff with external provider Zoe Lodrick around Trauma Informed Practice and Offender Psychology. These are well received and new knowledge application has been seen in recent case discussions. Further sessions are planned for the coming year. Feedback examples are attached in Appendix 2.
- 3.18 An external audit has been completed during 2022-2023 which highlighted some areas for improvement and an action plan is now being addressed.

Section 11 Children's Act (2004) Declaration Report

- 3.19 An organisational safeguarding assessment was submitted for YAS by the Head of Safeguarding via the West Yorkshire portal on 1 February 2023.

4. FINANCIAL IMPLICATIONS

- 4.1 This report is for information and discussion and no financial consideration is requested at this meeting.

5. RISK

- 5.1 There are six risks on the Safeguarding Risk Register, as at August 2023: -

- **Child Protection Implementation System (CPIS) Risk Rating 16.**
The CAD system does not enable automated checking at the point at which a child or pregnant woman accesses YAS via 999, CAD update due Summer 2023.
- **Level 3 Safeguarding Training level 3, Risk Rating 9.**
Level 3 modules are now live for the 653 identified clinicians. Uptake for the childrens training exceeds the adult as it is more easily accessible.
- **Domestic Abuse response to patients and staff, Risk Rating 15.**
The Trust response to domestic abuse does not currently reflect provider trust expectations under the Domestic Abuse Act 2021. Funding for a Specialist Domestic Abuse Practitioner has been approved at TMG as a project role for 18 months. SDAP recruited to with a start date of 11 September 2023.
- **Capacity within the Safeguarding team to deliver core statutory requirements, Risk rating 20.**
The team is currently under resourced in line with the recommendations of the National Safeguarding Intercollegiate Documents. Recruitment is currently underway for 2 additional named Professionals on a full time permanent basis. This will add to the overall capacity of the team and will enable existing Named Professional resource to be directed to the Safeguarding allegations which are increasing. Recruitment to the new posts is planned for September 2023 and it is anticipated for the professionals to be in post by November/December 2023 and completing a period of induction.
- **Management of Safeguarding Allegations, Risk Rating 16.**
A Rapid Process Improvement Workshop (RPIW) is now scheduled to be complete by the end of October 2023. The RPIW has highlighted that the required work is too much for one RPIW process. It is hoped that some of the main elements that are inhibiting the current process will be tackled, however it is recognised that further work will be required to completely review and develop the process. One of the main issues identified in the RPIW process to date, is that there is no single system to capture all progress notes and documents.
- **Safeguarding and Prevent Statutory and Mandatory Training Level 1&2, Risk rating 9.**
Compliance at Level 1 and 2 for both Adults, Children and including Prevent is generally high. Compliance amongst volunteers is being addressed and strategies put in place to increase compliance.

6. COMMUNICATION AND INVOLVEMENT

- 6.1 Extensive communications have been disseminated widely throughout the Trust by the Safeguarding team during 2022-2023. The list is not exhaustive but communications included the following topics: -
- Prevent
 - FGM cutting season awareness
 - Brightksy
 - Safersleep

6.2 Safeguarding Awareness Week was held during w/c 20 June 2022. A key theme was chosen and promoted each day to both internal and external audiences: -

- Safeguarding referrals
- Domestic Abuse
- County Lines
- FGM
- Hoarding and self-neglect/ What is professional curiosity
- Safer sleep

7. **EQUALITY ANALYSIS**

N/A

8. **PUBLICATION UNDER FREEDOM OF INFORMATION ACT**

8.1 This paper has been made available under the Freedom of Information Act 2000.

9. **NEXT STEPS**

9.1 The Safeguarding Team will continue to prioritise work; deliver the core statutory safeguarding service within designated timescales providing assurance internally through CGG and externally to the lead commissioning ICB West Yorkshire. The Head of Safeguarding will continue to drive the strategic vision for Safeguarding.

10. **RECOMMENDATION**

10.1 It is recommended that the Board: -

- 1) Note and support the progress with the Safeguarding function to date.
- 2) Support the safeguarding workplan and developments for the coming year.

11. **SUPPORTING INFORMATION**

Appendix 1 – Safeguarding Workplan 2023-2024

Author: Vicky Maxwell
Head of Safeguarding
21 August 2023



Yorkshire Ambulance service Safeguarding Team Workplan March 2023

Trust Vision: To be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients.

Trust Purpose: To save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it.

Safeguarding Team Objectives

<p>1) To improve the health and well-being of our community and to reduce health inequalities, horizon scanning to ensure a proactive and forward-thinking approach.</p>	<p>2) To keep our patients central to every conversation and decision offering constructive challenge to ensure maximum impact and optimum outcomes.</p>	<p>3) To deliver high quality services through robust strategic planning, integration, transformation and collaborative working.</p>	<p>4) To secure high quality, sustainable, cost-effective services within available financial resources.</p>
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V0.1 June 2020



Heading	Issue	Actions Required	Planned end	Named Lead	Measures of achievement	Rag Rating and Strategic Objective	
Requirements							
1	Training & Learning	YAS to continue to review training to meet requirements of the intercollegiate document for safeguarding adults and children and to ensure high quality provision throughout the organisation. Safeguarding training needs to be reflected throughout the organisation at all levels from induction and including opportunity for updates and hot topic briefings in addition to the statutory and mandatory requirement.	<ol style="list-style-type: none"> 1. Contribute safeguarding needs to a training needs analysis for the whole organisation. 2. Review training and monitor compliance data for statutory and mandatory training and challenge areas of poor compliance. 3. Report to Non-Clinical PGB meeting - Vicky Maxwell. 4. Consider opportunities for face to face and multi-agency local authority-based training for YAS staff. 5. Develop a system for review and quality check of safeguarding content for induction and any other programmes not delivered directly by the safeguarding scheme. 6. Develop and review a resource bank of key safeguarding learning material to be available to staff via PULSE safeguarding page to support individual and ongoing learning needs with up-to-date trends and themes. 7. Develop a mechanism to support staff to achieve the Level 3 CPD requirement, and evidence compliance. 	March 2024.	Catherine Holliday (CH)	<p>Robust training will be available to all staff to meet compliance requirements and staff will be clear what level their training needs to be.</p> <p>Data will demonstrate good compliance in all areas of the Trust.</p> <p>The quality of referrals leaving YAS will show significant improvement – demonstrated by methods outlined in objective 2.</p> <p>Conversations between staff and the safeguarding team will evidence good knowledge.</p>	
2	Communications & learning dissemination Strategy	There is a need to strengthen the way in which learning is disseminated and embedded into practice in a planned and varied way using all the platforms available to us to reach all areas of the Trust.	<ol style="list-style-type: none"> 1. Complete a year planner of all key safeguarding dates. 2. Horizon scan local authority partnerships and other multi agency resources for material which can be adapted for use in YAS. 3. Development of a communication data base to plan, track and evaluate learning dissemination. 4. Interpret national and local information into the context of an ambulance service 	March 2024	Fae Clements/ Named Professionals as SME	<p>There will be an evidenced trail of key safeguarding messages being disseminated across the organisation.</p> <p>Staff knowledge will increase and be evidenced in referral content and safeguarding related discussion.</p>	



	Heading	Issue	Actions Required	Planned end	Named Lead	Measures of achievement	Rag Rating and Strategic Objective
			<ol style="list-style-type: none"> 5. Liaison with the comms team to ensure timely and widespread dissemination of information. 6. Scoping of creative ways to deliver powerful messages – eg. YAS TV, Podcasts. 			<p>Evidence will be easily accessible to support action plans for statutory reviews.</p> <p>Aim: Share relevant and up to date safeguarding information to all YAS staff.</p>	
3	Domestic Abuse	<p>The trust needs a strong, consistent approach to support staff to recognise and respond to incidents of domestic abuse. The policy does not reflect the options available to support and refer adults who are experiencing abuse.</p> <p>It has been identified in two recent Domestic Homicide Review IMR reports completed by YAS that crews are not able to identify high risk features of domestic abuse and have no access to assessment tools such as the domestic abuse, stalking, harassment and honour-based violence tool (DASH).</p> <p>There is no trust strategy to support our staff with personal domestic abuse issues and ensure that they are safe in the workplace.</p> <p>The domestic abuse act 2021 has passed through parliament and will have implications for YAS interactions with new Domestic Abuse Partnerships at place and locality level.</p>	<ol style="list-style-type: none"> 1. Recruit to the Specialist domestic abuse practitioner project role (SDAP) 2. Job description draft to go to panel for approval in April. 3. Recruitment process to commence (advertise post, shortlist, and interview). 4. Period of induction to begin. 5. Begin scoping exercise around the needs of the role in YAS, in relation to policy/procedure/training need analysis. 6. Scoping of options of risk assessment tool which can be tailored to meet ambulance service need. 7. Direct support given to staff who have experienced domestic abuse. 8. Direct support given to staff who are providing support to domestic abuse patients. 9. Following training needs analysis, scope, develop and cascade training curriculum to staff. 10. Development of ambulance specific risk assessment tool to enable identification and escalation. 11. Review JRCALC content in relation to domestic abuse and consider local and national changes needed. This is to be fed into the wider safeguarding team and NASAG. 	Periodic review of SDAP role against benefit realisation listed in business case to extend over 18-month period from recruitment to post.	SDAP / Hazel O'Neill	<p>Risk assessment tool developed.</p> <p>Policy and guidance are up-to-date reflecting changes from Domestic Abuse Act 2021</p> <p>Tailored approach to JRCALC from a YAS perspective and outputs</p> <p>Increased training opportunities provided to staff.</p>	



	Heading	Issue	Actions Required	Planned end	Named Lead	Measures of achievement	Rag Rating and Strategic Objective
4	Prevent	YAS need a clear and consistent approach to the identification and referral of potential terrorism and radicalisation in line with the requirements of each police force in Yorkshire and Humberside.	<ol style="list-style-type: none"> 1. Liaise with the YAS counter terrorism liaison officer in North, South, West Yorkshire and Humberside Police to establish strong networks and key contacts. 2. Create a policy and process pathway to support day to day working practices. 3. Establish internal operational structure for contest / silver meetings attended by YAS representatives and understand how this reflects within YAS to strengthen internal knowledge and action. 4. Review the current YAS referral method and consider adoption of the national FIMU referral form. 5. Review training and monitor compliance data for statutory and mandatory training and challenge areas of poor compliance. 6. Ensure that comms and ongoing learning material is available to support staff to undertake their prevent duty. 	November 2023	Vicky maxwell	<p>The prevent data return will be prepared and submitted quarterly and on time.</p> <p>The safeguarding team will have oversight of all the prevent referrals leaving YAS.</p> <p>Referrals leaving the organisation will be robust, including clear factual detail</p>	
5	Paediatric Liaison Service	<ol style="list-style-type: none"> 1. YAS needs to address the needs of CYP at a point prior to harm been caused where services can be diverted back into planned care pathways. Often by the time these children are identified serious harm or death has occurred or they are transitioning into adult services where often support is reduced. 	<ol style="list-style-type: none"> 1. Develop and implement a process alongside the outreach team to transition these cohort of people. 2. To be able to further explore risky presentations as an identifier of need and action. 3. To explore the growing demand for YAS input into multi-Agency strategy meetings. 4. To develop a region wide presence into strategic CDOP partnerships in order to fully embrace and participate in regional and national learning and development of pathways. 	March 2024/ Ongoing	Laura Crocker	<p>Feedback from external and internal partners.</p> <p>Patient stories.</p> <p>Evidence of enhanced relationship with multi-agency partners.</p>	



	Heading	Issue	Actions Required	Planned end	Named Lead	Measures of achievement	Rag Rating and Strategic Objective
6	Management of allegations against staff,	<ol style="list-style-type: none"> 1. YAS needs a robust policy and procedure for the management of safeguarding allegations against any person who works for or volunteers for YAS including any third party who provides services to YAS staff or patients. 2. YAS safeguarding team need to work closely with HR to address this issue jointly. 	<ol style="list-style-type: none"> 1. To support the 380 external assurance audit process and work to complete any actions raised as a result of this. 2. To support and provide subject matter expertise to the planned rapid improvement workshop to review and overhaul the current process. 3. Continue to use the secure safeguarding Datix system to maintain oversight of the current cases to avoid drift. 4. Continue to maintain a weekly executive oversight meeting with the Director / Associate Director of QG&PA to ensure that cases are reviewed at a senior level. 	October 2023	Vicky Maxwell / Catherine Holliday	<p>New policy and procedure embedded</p> <p>Consistency of approach and decision making evident through case audits.</p>	
Next Review date: September 2023							

Appendix 2- Feedback from Level 3 Safeguarding CPD.

Feedback following Offender Psychology and Trauma Informed Practice

Delivered by Zoe Lodrick UKCP Registered Psychotherapist and an experienced Trainer and Consultant.

“ Sessions were beneficial, informative, and enlightening. Zoe was an excellent speaker who showed passion for her subject. ”

“ The training was incredibly interesting and relevant. This would be useful to be delivered to all staff, perhaps as part of an investment day. ”

“ I absolutely loved this training! I loved it so much; I ended up with 10 pages of notes by the end. Please get Zoe back to do some training in the future, she is an excellent trainer and has expert knowledge of the subject matter. ”

“ Subjected related discussion online is always a challenge, may be helped by the turning cameras on as only 2 of us were present on the screen. ”

“ I would like this training to be available to more staff. ”

“ This training should be mandatory from TL upwards... no exceptions! ”

“ The training opened my mind and thoughts to the details we miss as we aren't looking specifically for that people or situations, it will make me more vigilant. I will continue in my practice to take every complaint seriously. ”