



Report Title	Safeguarding Annual Report	
Author	Hazel O'Neill, Head of Safeguarding	
Accountable Director	Dave Green, Executive Director of Quality and Chief Paramedic	
Previous committees/groups	Quality Committee	
Recommended action(s)	For information and assurance.	
Purpose of the paper	To provide oversight and assurance that safeguarding duties are being discharged effectively.	
Executive Summary		
This annual report provides an overview of the safeguarding activities and statutory responsibilities discharged by the Yorkshire Ambulance Service (YAS) for the year 2024-2025. • Training: Significant improvements have been achieved in safeguarding training compliance, particularly in Level 3 training for both adults and children. The introduction of an ambulance-specific e-learning module has been well-received, with compliance rates showing a strong recovery trajectory. • Statutory Safeguarding Reviews: The Yorkshire Ambulance Service (YAS) has actively engaged in various statutory safeguarding reviews, including Safeguarding Adult Reviews (SARs), Domestic Abuse Related Death Reviews (DARDRs), and Child Safeguarding Practice Reviews (CSPRs). These reviews have been instrumental in identifying critical areas for improvement and ensuring that lessons learned are effectively integrated into safeguarding practices, leading to more robust and responsive safeguarding measures. • Management of Allegations: Audit actions to assure the effective management of safeguarding and sexual safety allegations against staff are now complete and this process is embedded across all business areas. • Referral Quality: Ongoing efforts to improve the quality of safeguarding referrals, with a focus on reducing rework and ensuring timely and appropriate interventions for patients.		
Recommendation(s)	The Board of Directors are assured that the safeguarding function within Yorkshire Ambulance Service is being delivered in accordance with all relevant legislative requirements and established guidance and that the organisation operates robust processes to ensure that, where any risks are identified, effective and comprehensive plans are in place to address these issues.	
Link to Board Assurance Framework Risks (board and level 2 committees only)	4. Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning.	

Safeguarding Annual Report

1. INTRODUCTION

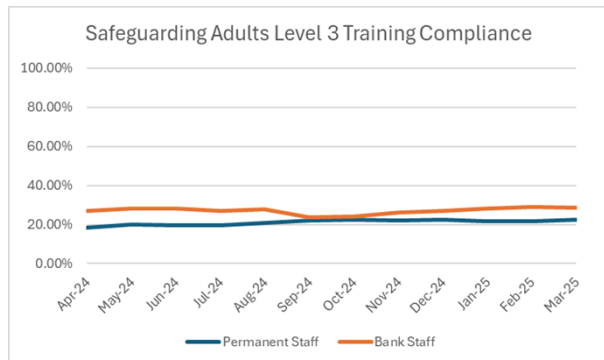
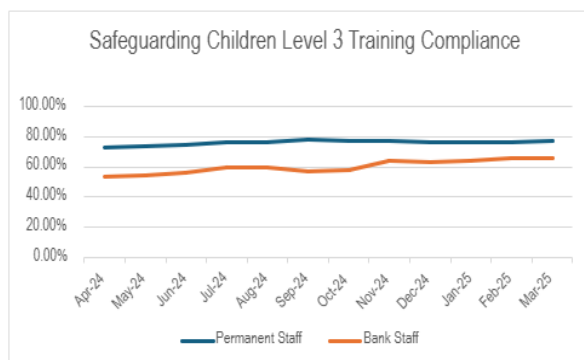
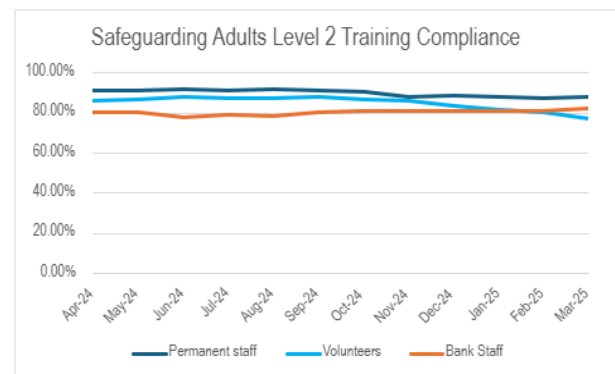
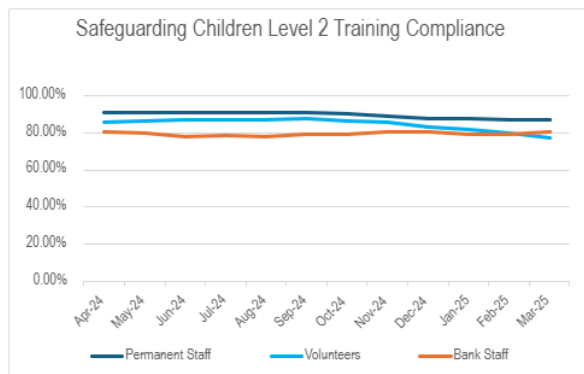
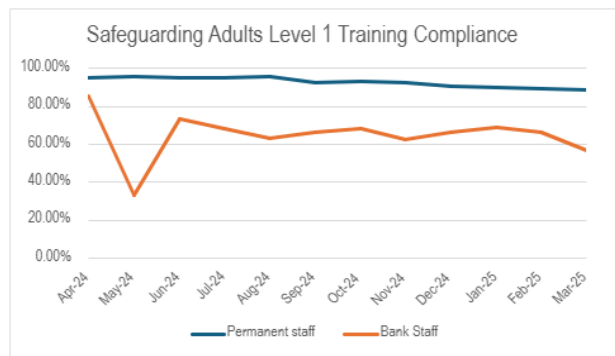
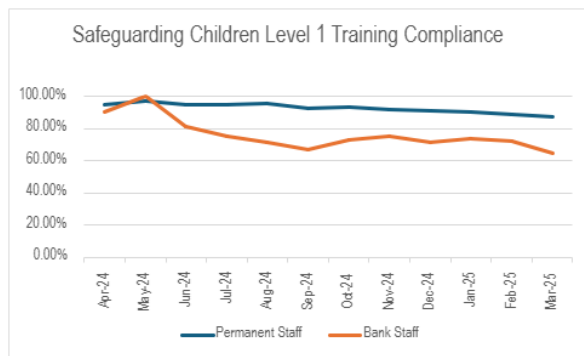
- 1.1 This annual assurance report to the Board of Directors, outlines the Safeguarding statutory activity in 2024-2025. The safeguarding risks are outlined for oversight and discussion.

2. BACKGROUND

- 2.1 The safeguarding team discharges the statutory responsibility for the trust in respect of the Children Act (2004) and Care Act (2014) and related safeguarding guidance documents and provides assurance to commissioners and external partners that the Trust fulfils its role in safeguarding children and adults in its care.
- 2.2 Through participation in statutory Safeguarding Adult Reviews (SARs), Domestic Abuse Related Death Reviews (DARDRs) and Child Safeguarding Practice Reviews (CSPRs) the safeguarding team identifies and embeds learning into safeguarding practice.
- 2.3 The Head of Safeguarding is the Prevent Lead for the Trust and discharges this responsibility through monitoring of training compliance and review of all risk of radicalisation concerns identified by and for staff and onward escalation where required.
- 2.4 The safeguarding team also protect our patients, staff and the wider public by contributing to safer recruitment and management of safeguarding and sexual safety allegations against YAS staff and volunteers.

3. SAFEGUARDING TRAINING

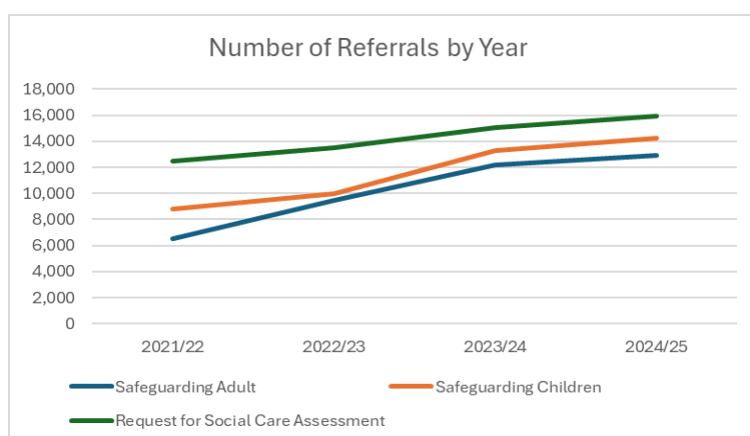
- 3.1 The Trust is committed to ensuring high quality safeguarding practices exist across all business areas of the organisation, and training is central to making that happen.
- 3.2 Safeguarding training levels one to three are allocated to staff roles as described in the three intercollegiate documents *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff*, *Looked After Children: Roles and Competencies of Healthcare Staff* and *Safeguarding Adults: Roles and Competencies for Healthcare Staff*.
- 3.3 YAS remains an outlier in the ambulance sector according to benchmarking discussion at the National Ambulance Safeguarding Advisory Group (NASAG) with most trusts mandating Level 3 Safeguarding training to all paramedics. YAS currently requires only 900 staff to be level 3 trained.
- 3.4 Other NASAG members also report high compliance with face-to-face delivery of at least 50% of the level 3 training content where YAS has only e-learning provision.

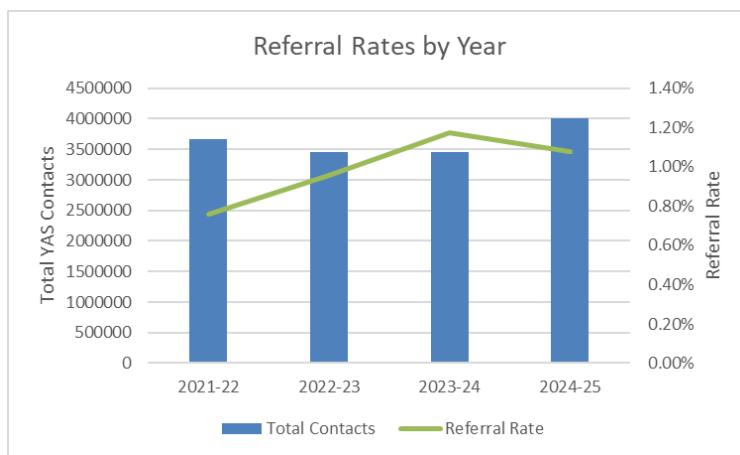


- 3.5 Safeguarding children average training compliance across all staff groups and levels decreased from 86% to 77% in 2024-25. This decrease is in line with other statutory and mandatory training compliance across the Trust due to the anticipated 3-year anniversary of the change from workbook-based learning to e-learning which sees large numbers of staff become non-compliant at one time. Early indications are that this will recover in 2025-26 with compliance having risen to 83% during Q2.
- 3.6 Safeguarding adult average training compliance across all staff groups and levels also ended the year below expected compliance levels at 63.5%. Recovery in 2025-26 is also encouraging with compliance increasing to 71.7% in Q2.
- 3.7 Level 2 safeguarding training for adults and children are the core modules delivered to all patient-facing staff in both direct patient care and our contact centres. While compliance is below target, some assurance can be gained from the strong recovery trajectory in early 2025-26.

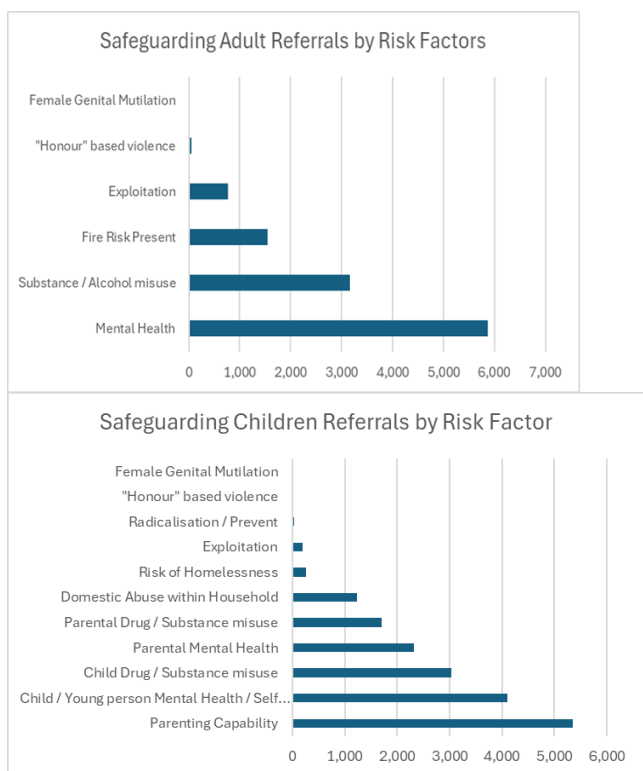
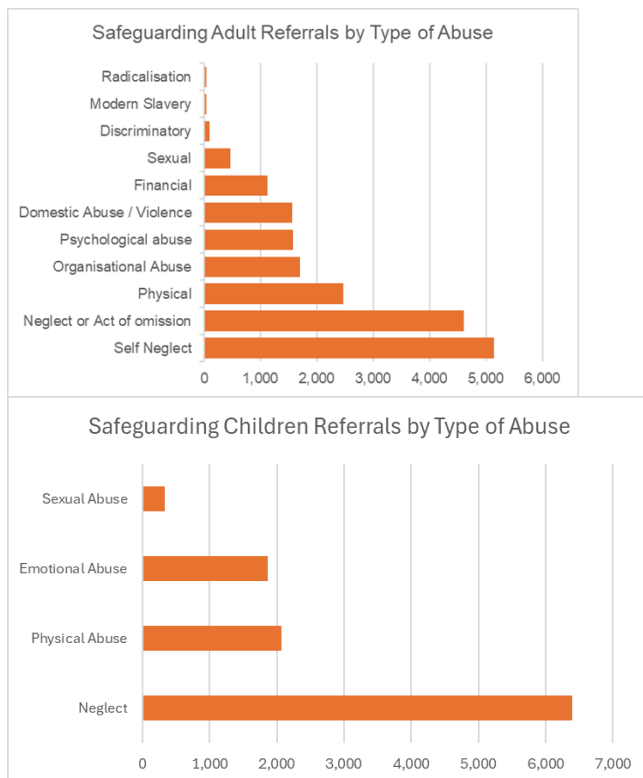
- 3.8 Whilst safeguarding children level 3 compliance has continued to increase, safeguarding adults level three has again failed to gain any traction in 2024-25 with staff feedback identifying the barriers to be accessibility, relevance and time commitment. The proposed launch of an ambulance specific adults level 3 package was delayed in production and was not available to staff in 2024-25. It was made available to staff in August 2025.
- 3.9 A training compliance plan has been written to increase compliance in safeguarding adults level 3 training from 22% to 50% in 2025-26. This target will be achieved through the launch of the new e-learning module enriched with ambulance-specific content, ensuring higher engagement and effectiveness. Communications will be trust-wide through all available channels and a targeted email campaign to long-term non-compliant staff and those who have never been compliant.
- 3.10 In addition to the e-learning modules staff who are required to be competent at Level 3 safeguarding for adults and children must demonstrate continued professional development (CPD) through training and reflection on safeguarding practice. To support staff to achieve this the safeguarding team delivered 12 safeguarding CPD training sessions across the regions have produced a suite of safeguarding learning materials and reflection templates.
- 3.11 Safeguarding supervision, which is also a core requirement of level 3 compliance is currently offered on an ad-hoc basis with the exception of the outreach team (formerly the frequent caller team) who have a monthly group supervision session facilitated by a named professional for safeguarding. A more robust safeguarding supervision provision is planned in 2025-26 integrated with the Trust clinical supervision model and using the professional advocate, restorative supervision model.
- 3.12 The intercollegiate document *Safeguarding Adults: Roles and Competencies for Healthcare Staff* was revised in 2024 suggesting enhanced safeguarding training for all patient-facing from the level 3 safeguarding adult syllabus in line with their individual role. This will be reviewed in the training needs analysis in 2025-26 along with the expected revised intercollegiate document *Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff*.

4. REFERRALS





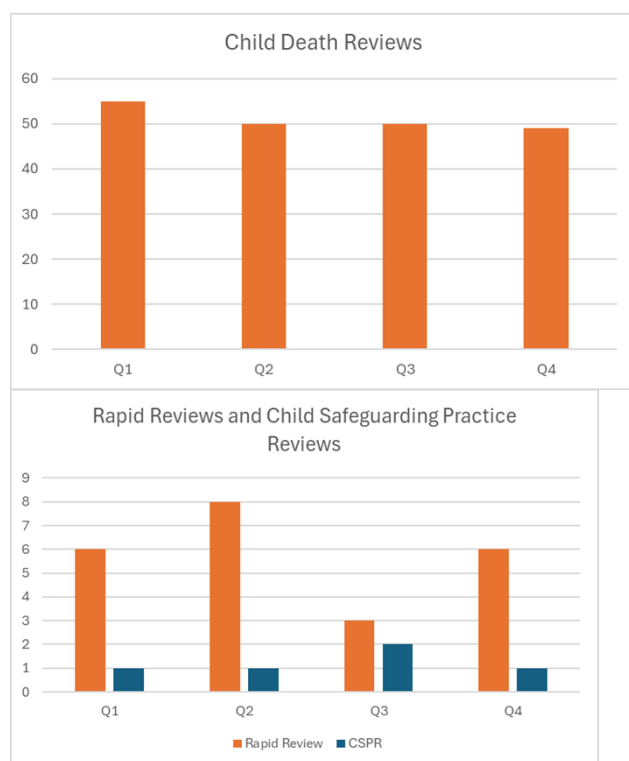
- 4.1 Safeguarding referrals leaving the organisation continue to increase year on year across all referral types demonstrating that staff can recognise safeguarding need, making referrals is embedded in our practice and that our referral systems are accessible.
- 4.2 The volume of referrals produced by YAS continues to be the subject of challenge from system partners, specifically that there can be limited information in the referral and that the conversion rate of referral to safeguarding intervention is low. Although this is indicative of the nature of YAS contacts with our service users. However, the data demonstrates that increasing volumes of referrals are proportionate to the increasing number of contacts with service users.
- 4.3 As part of their QI fellowship our Quality and Safety administrator is undertaking a project to reduce the safeguarding burden of rework as a result of poor-quality referrals by 25% by March 2026. The project focus is reducing the number of referrals with missing information or poor documentation, which delays patient care and increases workload. By improving and providing ambulance specific safeguarding training and refining referral processes, the project seeks to ensure patients receive timely and appropriate safeguarding interventions while easing operational pressures in YAS and for our system partners.
- 4.4 To support the QI project, the continuing professional development training mentioned in 3.7 above teaches the importance of professional curiosity and how to write a good safeguarding referral. This will continue as a core part of safeguarding CPD in 2025-26.



4.5 Self-neglect remains the most common reason for an adult safeguarding referral to be submitted, followed by neglect. This is reflected in the themes of statutory safeguarding adult reviews which is discussed in section 5 of this report.

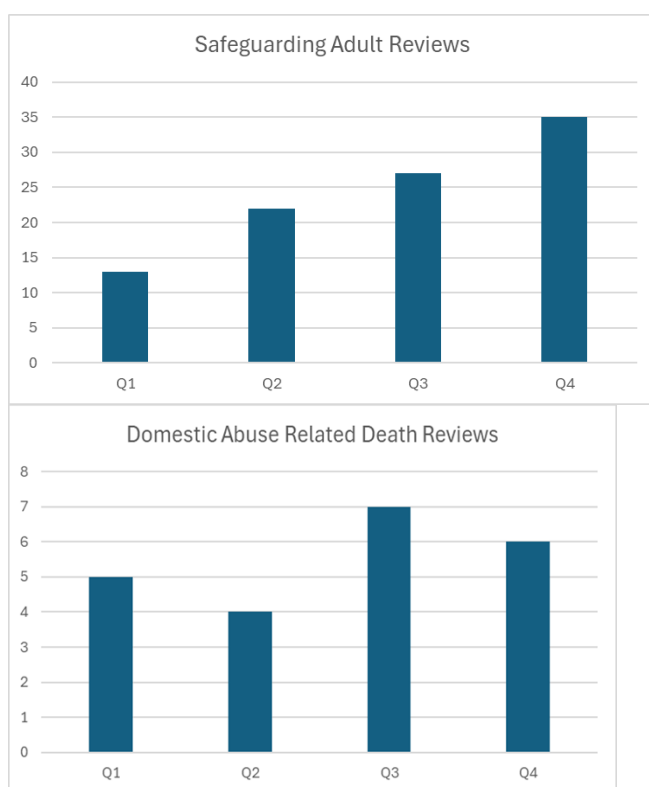
- 4.6 The most common risk factors identified adult safeguarding referrals is poor mental health followed by substance and alcohol, both contributing to adults having identified care and support needs and impacting on their ability to protect themselves from abuse.
- 4.7 Safeguarding children referrals are also made most frequently for neglect which is in line with the most common category of abuse for children placed on Child Protection Plans across the UK.
- 4.8 The risk factors identified in child referrals also reflect the primary concerns as mental health of children and parents and alcohol and substance misuse in both children and parents. The risk factor 'parenting capability' which is the most frequently selected risk factor is generally used as a secondary code for a concern for a child's wellbeing that the parent is not felt to be addressing appropriately or used as a secondary code where parental mental health or substance misuse is present and as a result, parenting capability is perceived to be impaired.

5. STATUTORY MULTI-AGENCY REVIEWS



- 5.1 The Safeguarding team gathered information and provided reports to Joint Agency Response meetings for 204 child deaths in 2024-2025, engaging in multi-agency processes when required.
- 5.2 A Rapid Review is a preliminary information gathering process to identify whether the criteria for a Child Safeguarding Practice Review (CSPR) have been met. YAS reviewed the records of 23 children to support this multi-agency process. YAS were not a key agency in any of the five cases that proceeded to a full CSPR and there were no associated learning recommendations.

- 5.3 Although there were no formal recommendations, internal review has identified that our staff do not always recognise the safeguarding risks associated with serious youth violence. This is characterised by a lack of professional curiosity and missed opportunities to submit safeguarding referrals for children who are the victim of stabbings and assaults. This will be addressed in the 2025-26 CPD programme which will cover serious youth violence, links with serious organised crime and county lines operations and why this is a safeguarding concern.



- 5.4 The volume of Safeguarding Adult Reviews (SARs) commissioned by Safeguarding Adult Boards and Partnerships has risen significantly in 2024-25. Thematic reviews involving multiple individuals are more common which generates a high volume of data collection and time-intensive analysis on the safeguarding team. An assessment of work volumes, skill-mix and job descriptions is underway to address capacity issues and ensure that the team can continue to meet statutory responsibilities to participate in these multi-agency reviews.
- 5.5 Self-neglect is the overarching theme of SARs with exacerbating factors being homelessness, barriers to accessing services and individuals being assessed as having capacity to make unwise decisions to decline health and social care intervention with little or no understanding of their executive capacity. The safeguarding team are working with the mental health leads for the Trust to understand staff competence in assessing capacity and how this can be enhanced to consider executive capacity.

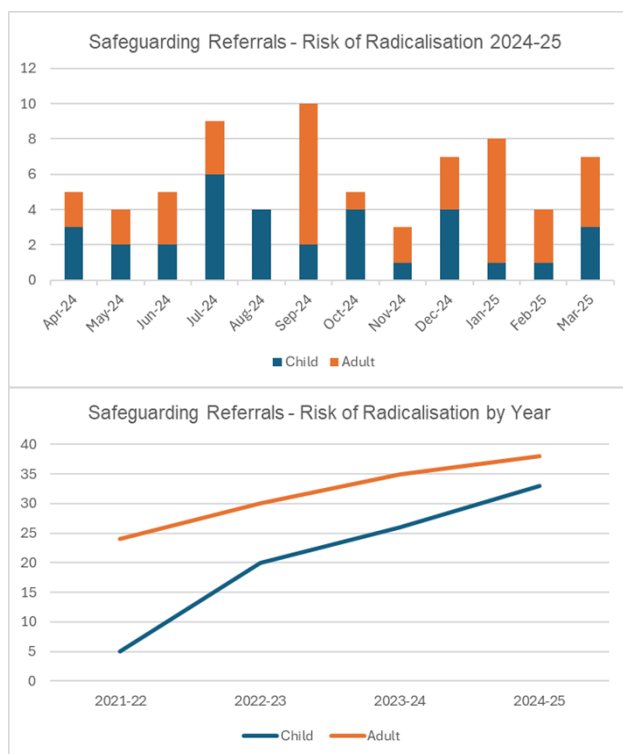
- 5.6 Domestic Homicide Reviews are now known as Domestic Abuse Related Death Reviews. The Victims and Prisoners Act 2024 formally renamed DHRs to DARDRs reflecting the expanded scope to include deaths indirectly linked to domestic abuse, such as suicides, which aligns the review process with the Domestic Abuse Act 2021. DHRs traditionally focused on cases where someone died as a direct result of domestic violence. DARDRs widen the lens to include all deaths where domestic abuse may have been a contributing factor, not just homicides. Despite the increase in scope, there has not been a significant increase in the number of DARDRs commissioned in the region.
- 5.7 Following the introduction of the Specialist Domestic Abuse Practitioner (SDAP) role in 2023 and achieving permanence for the role in 2024, outstanding learning from DHR/DARDRs has been completed and a robust workplan is in place to address the remaining recommendation to explore the use of a service appropriate risk assessment tool.
- 5.8 In April 2024, the YAS specific domestic abuse e-learning package was added to the statutory and mandatory training for all staff who have contact with patients. This training package has been well received, with compliance rates at the end of 2024-25 at over 90%. Improved recognition and response to domestic abuse is evident in the decrease in learning recommendations from DARDRs.
- 5.9 The SDAP has worked with the consultant paramedic for West Yorkshire to create local JRCALC guidance on non- fatal strangulation (NFS) and a clear care pathway for acute and historic disclosures of NFS.

6.0 PREVENT

- 6.1 All staff working in health settings across the UK must complete training on preventing radicalisation. In England, all staff working in health and social care settings must complete training every 3 years.



- 6.2 Prevent training compliance decreased at the end of 2024-25 in line with the anticipated drop across all competencies due to the anniversary of the change from workbooks to e-learning as discussed above.
- 6.3 Prevent training was the focus for communications and a targeted email campaign in Q1 of 2025-26 which has increased compliance to 91.7% for level 1 and 86.7% for level 2.



- 6.4 Staff understanding of Prevent and identification of those at risk of radicalisation in our communities is increasing. This is particularly evident in the increasing number of referrals made for children.
- 6.5 The highest numbers of Prevent referrals were submitted in July and September 2024, during and immediately following the widespread civil unrest across the United Kingdom.
- 6.6 The number of referrals made where an individual is perceived to be at risk of radicalisation has a very low conversion rate to full Prevent referrals being submitted. Discussion has been opened with West Yorkshire Police to explore this and discuss whether any action is required to increase staff awareness and promote referrals.

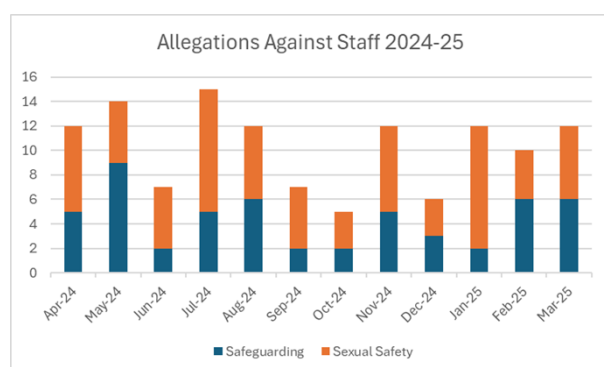
7. PAEDIATRIC LIAISON

- 7.1 The paediatric liaison service continues to offer a quality-based intervention that identifies children and young people (C&YP) contacting YAS 999 on more than two occasions within a calendar month and shares proportionate information with GP/ 0-19 services to ensure that they are aware and can provide appropriate care in a more planned and coordinated way.

- 7.2 The team operates a child-centred philosophy, prioritising early identification and intervention for issues such as mental health crisis, self-harm, and unmet health needs and collaborative working with health, social care, and education partners.
- 7.3 The monthly average caseload is 92 open cases which are monitored for escalation or high-risk presentation. There are currently 10 complex cases which have safeguarding flags and associated care plans to help YAS staff to make triage, treatment or conveyance plans that are appropriate for the child or young person's individual needs.
- 7.4 The Joint Targeted Area Inspection with the theme of children who are victims of domestic abuse ran from September 2024 to May 2025. Inspectors visited North Yorkshire in January 2025. The multi-agency inspection focussed on response, identification, assessment, planning, and protection of children who are victims of domestic abuse; evaluating how well agencies see the impact of domestic abuse through the eyes of the child.
- 7.5 YAS received no recommendations from this inspection and the Trust's commitment and progress to recognising and responding to abuse was recognised as robust compared to ambulance service peers.

8. MANAGEMENT OF ALLEGATIONS AGAINST STAFF AND THE SEXUAL SAFETY CHARTER

- 8.1 The Head of Safeguarding continues to work with the Head of Employee Relations and Senior HR Business Partners to oversee the management of safeguarding and sexual safety allegations against staff.
- 8.2 In 2024-25 the actions from the internal audit in 2023-24 were closed, acknowledging that the policy and process are in place and fulfilling their designed functions.



- 8.3 For the purposes of reporting cases are identified as sexual safety or safeguarding however there is a crossover of risk between sexual safety behaviours in the workplace and safeguarding implications for our patients and service users.

- 8.4 The majority of sexual safety allegations raised relate to behaviours between staff members however eight cases were allegations of inappropriate sexual conduct from staff to patients. Of these eight cases, three were inappropriate verbal comments and five were sexual contact and/or fostering an inappropriate relationship with a patient or service user.
- 8.5 In four of the eight cases involving patients the staff member involved was a contractor with an alternative provider. In all cases involving private ambulance services or taxi firms the Patient Transport Service team conduct governance checks on recruitment and training to assure YAS that the company involved is adhering to the framework requirements and there is no wider risk to our patients.
- 8.6 Of the 53 cases that were safeguarding concerns, not related to sexual safety, only seven were linked to patient care and therefore potential patient harm. The allegations were physical assault (2), verbal abuse (3), and theft (2).
- 8.7 The majority of safeguarding cases related to staff behaviours in their personal life which raise concerns about their suitability to work with children and adults at risk including: being the perpetrator of domestic abuse (6), inappropriate social media posts where the individual could be identified as a YAS employee or volunteer (3), concerns about the care of their own children (6) and abuse of position/presenting self as a different grade/working out of scope of practice (7).
- 8.8 Where thresholds were met external agencies were notified. This includes but is not limited to the Care Quality Commission, Police, Disclosure and Barring Service, Local Area Designated Officer, and professional bodies for those with a professional registration.

9. EXTERNAL ASSURANCE AND SELF ASSESSMENT

- 9.1 The Memorandum of Agreement between YAS and our ICB partners was reviewed to reflect changes in the local systems and was signed off in October 2023.
- 9.2 An organisational safeguarding assessment was submitted for YAS by the Head of Safeguarding via the West Yorkshire portal in line with the Memorandum of Agreement. No significant concerns about safeguarding policy and practice have been identified in the organisation self-assessment.
- 9.3 Further assurance is provided via the quarterly Safeguarding Executive Review Group which is attended by safeguarding representatives from each of the three ICBs.
- 9.4 The Head of Safeguarding attends the Designated Safeguarding Professionals Network meetings for each ICB area twice a year by invitation.
- 9.5 Assurance and partnership working to promote understanding of safeguarding in the ambulance sector is becoming embedded through direct work with the regional networks of the directors of adult social care services and the directors of children's services.

- 9.6 The NHS England Provider Safeguarding Commissioning Assurance Toolkit has been completed and submitted for 2024-25. It has highlighted that YAS is not currently meeting the intercollegiate documents' recommendations on the provision of safeguarding supervision to staff who require level 3 safeguarding competencies. As described in the training section of this report, initial steps are being taken to address this and provide a proportionate safeguarding supervision service.

10. RISK

- 10.1 No new risks have been recorded on the safeguarding risk register and considerable work has been undertaken to address the open risks. Open and closed risks are summarised at Appendix 1. No new or emerging risks have been identified in 2024-25.

11. NEXT STEPS

- 11.1 The Safeguarding Team will continue to prioritise delivery of the core statutory safeguarding service within designated timescales providing assurance internally to Clinical Governance Group and externally to the lead commissioning ICB West Yorkshire.
- 11.2 The Safeguarding Team will complete a training needs analysis incorporating a review of the updated intercollegiate documents and other newly published reports and evidence, to ensure that all staff and volunteers have access to high quality training and advice that will support them to fulfil their statutory duty to safeguard patients including a program of face-to-face CPD that addresses known and emerging themes and trends in safeguarding.
- 11.3 The Safeguarding Team will continue to support the trust to achieve the outcomes of the NHS Sexual Safety charter and 10-point plan and support the Trust Domestic Abuse and Sexual Violence Lead to address the broader DASV agenda.

12. RECOMMENDATION

- 12.1 It is recommended that the Board of Directors:
- 1) Note and support the progress with the Safeguarding function to date.
 - 2) Support the safeguarding next steps and developments for the coming year.

**Author: Hazel O'Neill
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Appendix 1 – Open and Closed Risks

Risk Number	Risk Register	Risk Title	Risk Description	Score 2023-24	Score 2024-25	Progress	Next Actions
10	Safeguarding	Level 3 Safeguarding Training	IF Level three safeguarding training is not completed by staff identified in the training needs analysis THEN compliance will not meet the target set in the contractual agreement, RESULTING IN staff not having the skills needed to manage safeguarding issues adequately and potential patient harm.	9	9	Level 3 e-learning module complete and compliance increasing.	1. Complete training needs analysis against updated intercollegiate documents. 2. Monitor Level 3 training compliance. 3. Continue to explore options for recording/self declaration of CPD and supervision hours.
286	Corporate	Child Protection Information Sharing (CPIS)	IF CP-IS system checking is not triggered at the point at which a child or pregnant woman accesses YAS via 999 THEN a timely alert will not be sent to the local authority who are managing the care plan nor will YAS be able to use this information to enhance their safeguarding assessment RESULTING IN increased risk for vulnerable unborns, children and young people.	9	16	Risk score was increased due to ongoing failure to address CP-IS functionality in EOC though manual or automated checks. Migration from AMPDS to Pathways is facilitating integrated CP-IS functionality in the same way as 111.	1. Assurance audit of records to confirm functionality and compliance with Cp-Is checks.
441	Safeguarding	Domestic Abuse – Response to Patients and Staff	IF the trust response to domestic abuse is not reviewed to reflect the Domestic Abuse Bill 2021 and to incorporate the learning identified from internal and external review and audit THEN YAS will be failing in its statutory duty to identify and support victims and perpetrators of domestic abuse RESULTING IN ongoing patient harm and	9	CLOSED	Closed May 2025 – Specialist domestic Abuse Practitioner is now a permanent role. Training package has been created with excellent compliance rates. Outstanding learning from DHRs and DARDRs is being met.	Role and workplan continues as BAU.

			potential death due to lack of intervention and information sharing.				
447	Corporate	Capacity within the Safeguarding team to deliver core statutory requirements	IF the capacity of the safeguarding team remains as it is and if the increased service demand around statutory reviews, child deaths and social care enquiries for section 42 and section 47 remains THEN potential failure to meet these requirements will exist RESULTING IN the Trust being unable to give assurance to the ICB's that it is meeting its contractual obligations as an acute provider trust around statutory Safeguarding function, and will result in a delay in providing information and professional analysis & opinion to multi agency partners.	12	CLOSED	Closed May 2024 – Capacity and long- term sickness issues resolved.	Watching brief on staffing levels and capacity due to resignation of two senior staff members to pursue career progression in other organisations. Team structure under review to ensure talent is nurtured and retained with robust succession planning.
452	Safeguarding	Management of Safeguarding Allegations	IF the management of safeguarding allegations against staff is inconsistent due to a lack of a standardised process, THEN potential failure to identify and escalate incidents and concerns may exist. This may result in the Trust being unable to give assurance to the CCG and CQC that it is meeting its statutory obligations as an acute provider Trust RESULTING IN a delay in making timely risk assessments and action plans, which will directly	4	CLOSED	Closed August 2024 - SASG process fully embedded with additional oversight by Professional Standards Panel to provide consistency, Assurance gained form 360 audit actions on RPIW output. Risk now managed - to close	Management of Allegations continues as BAU.

			effect the safety of staff and patients.				
599	Corporate	Safeguarding Referrals to Local Authorities from Yorkshire Ambulance Service	IF the Safeguarding referrals leaving the organisation do not contain high quality information and correct and detail, THEN social care partners will not be able to review and triage them correctly, RESULTING IN patients not getting help promptly and being at risk of further harm or abuse.	12	12	Continuing professional development is being delivered and QI project to decrease rework in team through improvement in referral quality.	1. Continue quarterly audit of referral quality and monitor feedback from partners. 2. Provide specific feedback to staff and direct to learning and reflection materials where referral quality could be improved. 3. Continue to address issues with 111 referral quality through 111 Governance team.