



South Central  
Ambulance Service  
NHS Foundation Trust



Unconscious Bias  
**Safety**  
 Neglect Abuse  
**Bullying** Prevent  
 At Risk Exploitation  
**Trust** Controlling  
 Emotional Report Partnership **Adults**  
 Children The voice of the child Vulnerable  
**Prevention** Duty of care  
**Safeguarding**  
**is everyone's business**  
 Listen Collaboration  
 Making safeguarding personal  
 Professional Curiosity **Think** Emotional  
**Family** Physical Abuse  
 Protection  
 Threats

# Safeguarding Annual Report 2024/2025

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Date: August 2025

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# EXECUTIVE SUMMARY

In 2024/25, South Central Ambulance Service NHS Foundation Trust (SCAS) demonstrated significant progress in strengthening its safeguarding framework, governance, and operational delivery across children, adults, and PREVENT domains. Despite facing challenges, particularly with the digital safeguarding referral system, the Trust maintained its commitment to safeguarding excellence through robust mitigations, strategic leadership, and multi-agency collaboration.

## Key Achievements

**Training Compliance:** SCAS met or exceeded targets across all safeguarding training levels. Notably, Level 3 face-to-face training achieved 90% compliance, supported by structured delivery and enhanced supervision.

**Digital Referral System:** A new referral form was launched, and manual safeguards were implemented as part of mitigations put in place. A Task and Finish Group led by an Executive Director oversaw the plan to rebuild of the safeguarding digital referral system, with completion expected in 2026.

**PREVENT:** 16 referrals were documented, up from zero the previous year, following the implementation of a new SOP and reporting pathway via Datix.

**Supervision:** Over 1,700 staff received safeguarding supervision, with reflective practice embedded across the Trust.

**Recruitment:** Key roles were successfully filled, including the Head of Safeguarding and PREVENT, Domestic Abuse Specialist, and Safeguarding Digital Specialist.

## Governance and Assurance

Monthly reviews under the Safeguarding Accountability and Assurance Framework (SAAF) ensured compliance and continuous improvement.

External scrutiny from CQC, ICBs, and Safeguarding Boards provided assurance and informed strategic planning.

Section 11 audits confirmed compliance with statutory safeguarding responsibilities.

SCAS actively participated in the Joint Targeted Area Inspection (JTAI) in Reading, contributing to multi-agency learning on domestic abuse.

## Referral Activity and Quality

A total of 96,456 safeguarding referrals were submitted, with a noted quarterly decline attributed to improved training and supervision.

Referral quality remained a priority, with a plan put in place to improve the quality of safeguarding referrals moving forward.

The Trust implemented daily reconciliation processes to ensure timely and accurate referral submissions.

## Children and Adults Safeguarding

SCAS contributed to 5 Child Safeguarding Practice Reviews and 81 child death notifications, with proactive engagement in JAR meetings and CDOP panels.

Adult safeguarding activity included 126 scoping requests, resulting in 25 full reviews (Safeguarding Adults reviews, Domestic Abuse Related Death Reviews, Homelessness Mortality Reviews).

Section 42 enquiries were supported by the Safeguarding Adult Team, with themes including delays in ambulance attendance and PTS-related concerns.

## Mental Capacity Act (MCA) and Domestic Abuse

MCA audits showed improved compliance (86.67%), with bespoke training developed in collaboration with TEL team.

Domestic Abuse support for staff was strengthened through policy updates, training, and multi-agency partnerships. Learning from Domestic Abuse Related Death Reviews (DARDRs) informed practice improvements and trauma-informed approaches.

## Allegations Management

61 allegations were managed, with 38 closed and 22 ongoing. Themes included sexual misconduct, inappropriate behaviour, and child concerns.

Monthly meetings with HR and executive oversight ensured robust case management, learning dissemination, and safeguarding culture enhancement.

## Multi-Agency Collaboration and Learning

SCAS established quarterly Process and Practice Improvement Steering Groups with Local Authorities to improve referral quality and share best practices.

Participation in multi-agency learning events and safeguarding boards reinforced SCAS's commitment to collaborative safeguarding.

## Risks and Financial Implications

The Safeguarding Risk Register was actively monitored, with key risks including relationships with partner agencies, Safeguarding Level 3 training compliance, and safeguarding digital platform application.

Three risks were closed during the year: My referral form, recruitment to key roles, and lack of business continuity plans.

Mitigations such as manual reconciliation and enhanced audit processes were implemented to address safeguarding digital referral system issues.

Financially, the safeguarding budget was overspent due to increased training and interim staffing needs but remained within the agreed cost pressure limit.

## Priorities for 2025/26

- Rebuilding the digital referral system and sustaining manual mitigations
- Improving referral quality and embedding learning from reviews and allegations
- Enhancing MCA awareness and PREVENT engagement
- Delivering safeguarding supervision and training to maintain compliance
- Completing the safeguarding dashboard and strengthening inter-agency collaboration

SCAS remains steadfast in its mission to deliver safe, responsive, and accountable safeguarding services. The Trust's proactive approach, investment in staff and systems, and commitment to continuous improvement position it well to meet future safeguarding challenges and uphold the welfare of vulnerable individuals across its service areas.

# INTRODUCTION

South Central Ambulance Service NHS Foundation Trust (SCAS) remains committed to its statutory and moral duty to safeguard and promote the welfare of children, young people, and adults at risk. The SCAS safeguarding team delivers services to a population of over seven million, covering 12 Local Authorities. This Annual Safeguarding Report outlines the Trust's performance, progress, and challenges in fulfilling its safeguarding responsibilities during the reporting period of 2024/2025.

The report is presented in accordance with key legislative frameworks, including:

- The Children's Act (1989), (2004)
- Working Together to Safeguard Children (HM Government, 2023)
- The Care Act (2014)

It also reflects the Trust's response to external regulatory drivers such as

- The CQC targeted inspection November 2021, which raised concerns about Safeguarding
- The CQC inspection Well Led Inspection in April/May 2022
- Joint Targeted Area Inspection (J'TAI) In Reading March 2025 with a theme of multiagency response to Children and pregnant women who are victims of domestic abuse (DA)

## The Top 3 challenges in the year were:

- New issues identified with the safeguarding referral application
- Achieving Compliance for Safeguarding Level 3 Training
- Implementing the Safeguarding Digital referral Task and Finish group recommendations.

## The Top 3 achievements in the year were:

- Agreement of a detailed proposal to implement new improved viable solution for the safeguarding digital referral system
- Safeguarding Training achieving compliance in Level 1&2 and "in person/face to face" Safeguarding Level 3 training
- Managing and implementing manual and digital mitigations to ensure the referrals are processed safely whilst the digital application is being built

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

- Improving the quality of safeguarding referrals
- Implementing the Safeguarding digital application
- Sustaining daily manual reconciliation activity required until the new digital referral application is implemented
- The ability to continue to train staff at all levels to maintain compliance

## PURPOSE

SCAS is statutorily and regulatorily required to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk across all services it delivers.

An annual safeguarding report must be submitted to the Trust Board to provide assurance on the effectiveness and quality of these arrangements.

This report will:

- Provide an overview of SCAS safeguarding activity in 2024/25
- Demonstrate accountability for the Trust's safeguarding responsibilities
- Highlight the mitigations and work plans being put in place to improve the safeguarding digital referral system
- Outline key safeguarding priorities for 2025/26

## SAFEGUARDING RISK REGISTER

The risk register was updated and reported to the Safeguarding Committee throughout the year. Please see **Appendix 4** for the risk register.

The risks at the end of the financial year 2024/25 noted as below:

- **Relationship with Partner Agencies:** Strength of Control rated as Adequate
- **Level 3 Safeguarding Compliance:** Strength of control rated as Effective
- **Safeguarding Digital Platform:** Strength of control rates as Adequate
- **CP\_IS access:** Strength of Control rated as Effective

During 2024/25 three risks were closed.

- The risk of ineffective safeguarding referral form,
- The risk of recruitment to Head of Safeguarding and PREVENT
- The risk of lack of Business Continuity Plans Risk

# SAFEGUARDING GOVERNANCE/ACCOUNTABILITY ARRANGEMENTS

The Chief Nurse is the accountable Executive Director for the 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 Local Safeguarding Children Partnership (LSCP) and Safeguarding Adults Board (SAB) functions, ensuring the organisation is effectively engaged.

In addition, upward reports from Safeguarding Committee form as a means of escalation of safeguarding activities to the Quality and Safety Committee. Moving forward, the upward reports will provide safeguarding activity information, progress against key legislation requirements, safeguarding risks, and good practice.

There are other mechanisms used to assess performance which are monitored by external bodies such as the Care Quality Commission (CQC), the Integrated Care Boards (ICBs) and Safeguarding Boards. These bodies provide external scrutiny and governance.

Children Section 11 audits were completed to provide assurance that the Trust was compliant with its safeguarding arrangements and processes. These audits also supported the identification of gaps and the development of plans to address areas where statutory requirements had not been fully implemented. Section 11 audits primarily focus on children; however, some audits, such as the one requested by West Berkshire, cover all age groups. This audit, which was conducted in March 2025, concluded that the Trust was compliant.

## Areas assessed were as follows:

|   |  |   |                                      |   |
|---|--|---|--------------------------------------|---|
| <b>1</b>                                  | <b>2</b>   | <b>3</b>  | <b>4</b>                             | <b>5</b>  |
| Leadership, Strategy and Working Together | Service Delivery, Development & Effective Practice | Safer Recruitment, Staff Development & Effective Learning | People's Experiences of Safeguarding | Commissioning Services are Robust and Effective |

## Joint Targeted Area Inspection (J'TAI) (March 2025)

SCAS was invited to participate in the Joint Targeted Area Inspection (J'TAI) led by Ofsted, CQC, and Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS), focusing on domestic abuse affecting children aged 0–7 and pregnant women. Although not a core health provider, SCAS was included in the inspection process and contributed to the final case sampling.

## Key Strengths Identified

- Proactive safeguarding referrals by call handlers
- Investment in safeguarding, including a new Domestic Abuse Specialist
- Strong staff support through supervision and advice lines
- High compliance with safeguarding and domestic abuse training

## Areas for Improvement

- Limited access to Child Protection – Information Sharing (CP-IS) for 999 crews
- Issues with the digital safeguarding referral process

## Mitigation and Assurance

- CP-IS access facilitated via Emergency Operations Centre
- Manual reconciliation process in place for complex referrals
- The above risks are recorded on the Risk Register (Risks 202, 363) with mitigations
- Actions included in the ICB-led improvement plan and shared with inspectors
- SCAS leadership met with inspectors to present safeguarding governance, resources, and multi-agency collaboration

## CQC Inspection preparation

### Actions Required:

Ongoing monitoring is overseen by Safeguarding Committee to ensure that progress made following the section 29a recommendations is sustained and embedded. The Safeguarding Team has continued to proactively address any emerging issues. **Please see outcome of recommendations in the table in [Appendix 2](#).**

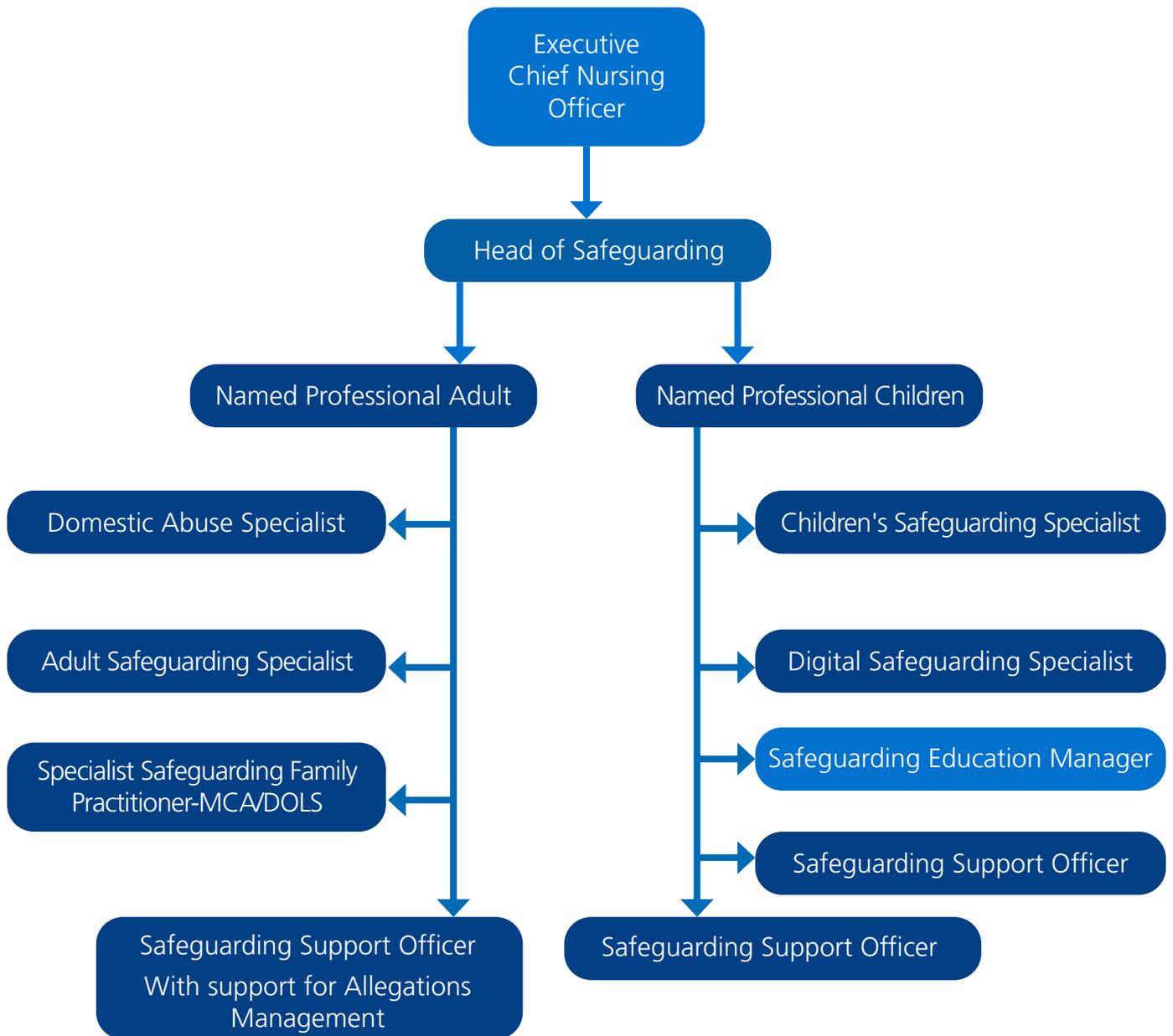
**The Timeline of Achievement in [Appendix 3](#)** highlights key safeguarding developments across 2023/24 and 2024/25 post CQC inspection and, includes increased training compliance, enhanced safeguarding referral systems, strengthened multi-agency collaboration, and improved strategic reporting, demonstrating sustained progress and commitment to safeguarding excellence.

Preparations are ongoing for the upcoming CQC Well-Led inspection, with continued focus on embedding improvements and ensuring readiness across all safeguarding functions.

### External Scrutiny Panels

The Executive Chief Nursing Officer and the Head of Safeguarding and PREVENT attended external scrutiny panels, such as the HIPPs Executive Meeting and the SCAS Safeguarding Oversight Meetings, to provide assurance regarding the SAAF.

## Safeguarding Team Structure



**Figure:1**

The Safeguarding Team comprises a team of 11 members of staff. The Safeguarding team is also supported by staff on alternate duties throughout the year.

Following the corporate review, 3 roles became substantive in the safeguarding team. These are:

- 1WTE Safeguarding Education Manager
- 1WTE Safeguarding Digital Specialist
- 0.5WTE Domestic Abuse Specialist

## Staff Support

Weekly safeguarding meeting to review workload and provide staff support continued throughout the year. A weekly huddle was also introduced to promote staff wellbeing. These meetings were led by the Head of Safeguarding and PREVENT. The Executive Chief Nursing Officer and the Deputy Chief Nursing Officer did attend a team meeting to offer their support.

The safeguarding team accessed safeguarding supervision externally with colleagues from other ambulance Trusts and from the ICB.

## Task and Finish Group/Safeguarding Digital System

An Executive Director led Task and Finish group was established in April 2024 with the remit of undertaking end-to-end process mapping of the safeguarding referral processes undertaken in SCAS. The project reported to the SCAS Executive Management Committee (EMC) and finished in September 2024. The Group was re-instated in February 2025 to oversee the rebuild of the safeguarding digital referral system and the implementation of the long-term solution. The Group reports to the Safeguarding Committee and Executive Management Committee.

As part of the work, a series of actions were successfully implemented to strengthen safeguarding processes and improve operational efficiency. An end-to-end mapping exercise was completed to identify hazards and inefficiencies within the safeguarding referral pathway. The electronic safeguarding referral form was redesigned to improve usability and accuracy, while the paper-based form used during business continuity scenarios was updated to ensure consistency with electronic systems.

A full review of safeguarding documentation, including Standard Operating Procedures, referral system user guides, and process documents, was carried out to ensure clarity and compliance. Referral processes under business continuity conditions were evaluated for robustness and alignment with safeguarding standards. Audit processes were enhanced to improve oversight and quality assurance, and reconciliation reporting between the Business Intelligence and Safeguarding teams was established, with frequency increased to twice weekly following the Safeguarding Committee review on 20 June 2024.

Targeted communications, including visual guides and screenshots, were issued to frontline staff to support correct submission of safeguarding referrals via electronic device.

## Addressing Digital Safeguarding Referral Challenges

Due to issues with the digital safeguarding application and associated processes in year, the Safeguarding Team implemented daily reconciliation reports of unsent referrals with the relevant agencies. This was to avoid delays in sending safeguarding referrals to appropriate agencies and to ensure the safety of the population served by SCAS. The Executive Management Committee (EMC) has agreed a long-term solution to address the digital referral issues within safeguarding by rebuilding the entire application and process with the current provider. This is expected to be completed by 2026 and is being managed against an approved project plan.

## Engagement with Network and Information Systems (NIS)

In November 2024, SCAS provided an update to the NIS Authority following their request for further information regarding a previously reported safeguarding incident. The issue, initially identified in December 2023, involved a significant number of unmet safeguarding referrals discovered within the system.

Appropriate steps were taken to assess and manage the impact, and the Trust continues to monitor and strengthen its safeguarding referral processes via the aforementioned Task and Finish Group.

In March 2025, SCAS notified the NIS Authority of two safeguarding digital incidents. Although neither met the threshold for formal reporting, they were shared for transparency and to support good practice.

Mitigations were put in place during 2024/25 to address these issues and strengthen the safeguarding referral process as explained below.

## Patient Safety Incidents with Mitigations

A total of 12 safeguarding referral incidents were identified, involving issues such as missed referrals due to email delivery failures, system outages, data processing errors, and limitations in digital platforms. These incidents impacted the accuracy and timeliness of referrals to appropriate agencies. All incidents were reported and investigated.

In response, SCAS implemented mitigations including enhanced reconciliation processes, manual cross-checks, supplier-led system fixes, quarterly email audits, and business continuity plans. These actions aimed to restore referral integrity, ensure compliance with safeguarding protocols, and maintain effective communication with partner agencies.

## Safeguarding Dashboard

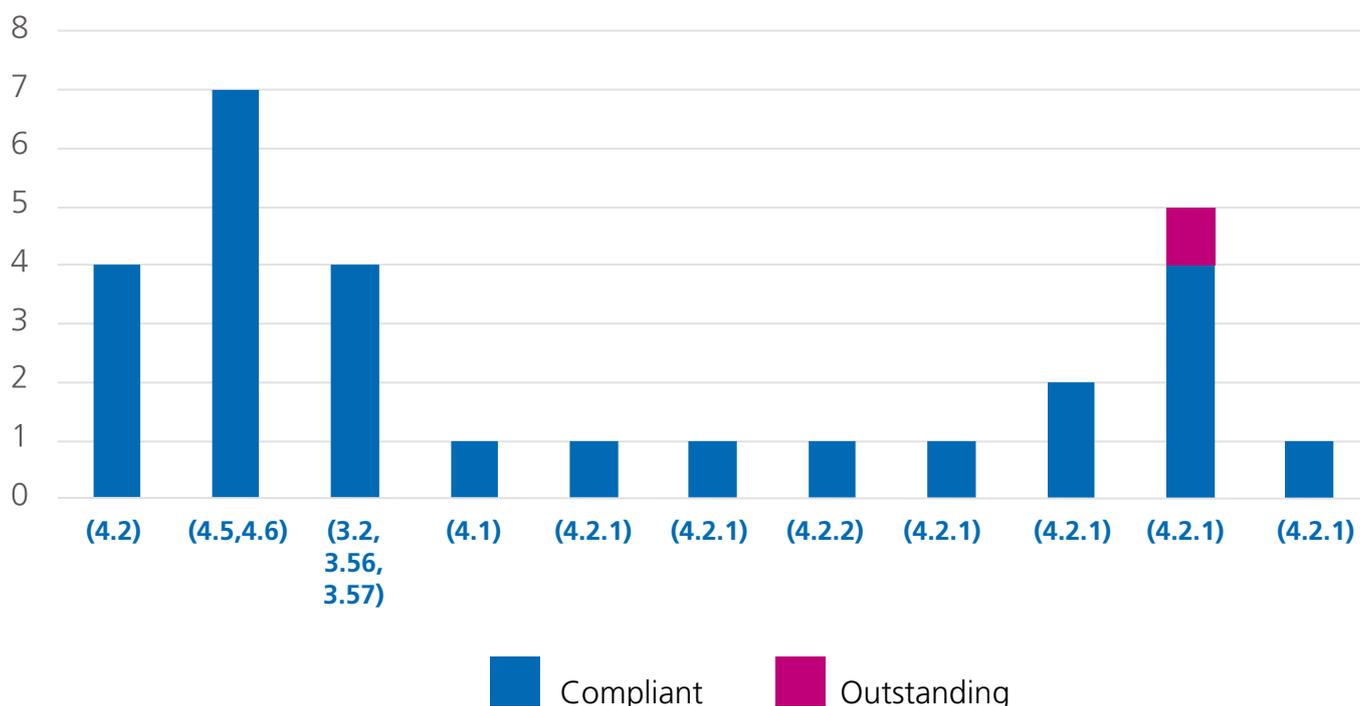
Due to significant safeguarding digital priorities in the reporting year and significant pressure on the Business Intelligence team, work on the safeguarding dashboard was paused, the safeguarding digital specialist can still access data to review safeguarding activity where required. This work will be re-commenced in 2025/26 and this is reflected in priorities for the next year.

# SAFEGUARDING ACCOUNTABILITY AND ASSURANCE FRAMEWORK (SAAF)

Despite the impact of the Safeguarding Digital Referral System on the Safeguarding Team, the team worked hard to ensure compliance was achieved in other areas within the SAAF. An example included additional safeguarding sessions delivered in December 2024 to improve Level 3 safeguarding compliance.

SAAF compliance is currently at 96%, with the main gaps relating to issues with the safeguarding digital referral application.

## SAAF Compliance 2024/25



## Compliance against sections under the SAAF

### (4.2) Safeguarding Arrangements Including Named Professionals

The following roles are in the Safeguarding team:

- Named Professional for Safeguarding Children
- Named Lead for Adult Safeguarding
- Mental Capacity Act (MCA) Lead

These roles are recruited to and actively managing the portfolio areas.

## **(4.5, 4.6) Statutory and Mandatory Reviews and Parallel Investigations (e.g., Patient Safety)**

The organisation engages with the following review processes: Rapid Reviews, Child Safeguarding Practice Reviews, Child Death Reviews, Domestic Abuse Related Death Reviews (DARDR), Safeguarding Adult Reviews, other reviews, and parallel investigations. Processes are in place to ensure appropriate engagement with all of the above, and some are documented within this report.

## **(3.2, 3.56, 3.57) Safer Recruitment Practices and Allegations Management**

Robust processes are in place for safer recruitment and for managing allegations against staff.

## **(4.1) Provision of an Executive Lead for Safeguarding Children, Adults at Risk, and PREVENT**

The Executive Chief Nursing Officer is the designated Executive Lead for Safeguarding Children, Adults at Risk, and PREVENT.

### **(4.2.1) Annual Report for Safeguarding Submitted to the Trust Board**

The Annual Safeguarding Report for 2023/24 was submitted to the Trust Board.

### **(4.2.1) Policies and Procedures Supporting Local Multi-Agency Safeguarding**

All safeguarding policies are in place, up to date, and aligned with multi-agency safeguarding arrangements.

### **(4.2.2) Effective Training for All Staff**

Safeguarding training for both Children and Adults at Risk is delivered across the organisation to all staff.

### **(4.2.1) Safeguarding in Induction Programmes for Staff and Volunteers**

Safeguarding training is embedded in all induction programmes for staff and volunteers across the Trust.

### **(4.2.1) Safeguarding Supervision for Staff (Including Named Professionals)**

Safeguarding supervision is available to all staff. Named Professionals also have access to external safeguarding supervision.

### **(4.2.1) Organisational Culture and Personal Responsibilities for Safeguarding and Information Sharing**

The organisation's safeguarding culture is reflected in both leadership and daily practice, through leadership oversight, clearly defined roles and responsibilities, a culture of learning and improvement, and active staff engagement.

Due to issues with the safeguarding digital referral system, there were incidents where referrals were delayed or not sent. Mitigations were put in place and recorded. These were reflected on the Risk Register. Safeguarding culture was also assessed through staff feedback and safeguarding supervision sessions, safeguarding referral quality and outcomes, audits such as Section 11 and MCA audits.

### **(4.2.1) Learning Culture to Ensure Continuous Improvement**

Learning from reviews were embedded in safeguarding training and supervision and have been shared Trust-wide via the Safeguarding page on the hub.

The organisation has invested in the safeguarding team since the CQC inspection in 2022 with specialist roles such as Domestic Abuse Specialist and Safeguarding Digital Specialist as per the above structure. Other substantive vacancies have been filled included the Named Professionals for Adult Safeguarding and Head of Safeguarding and PREVENT posts.

# SAFEGUARDING REFERRAL ACTIVITY

The Table below shows the number of referrals made within the year 2024/25.

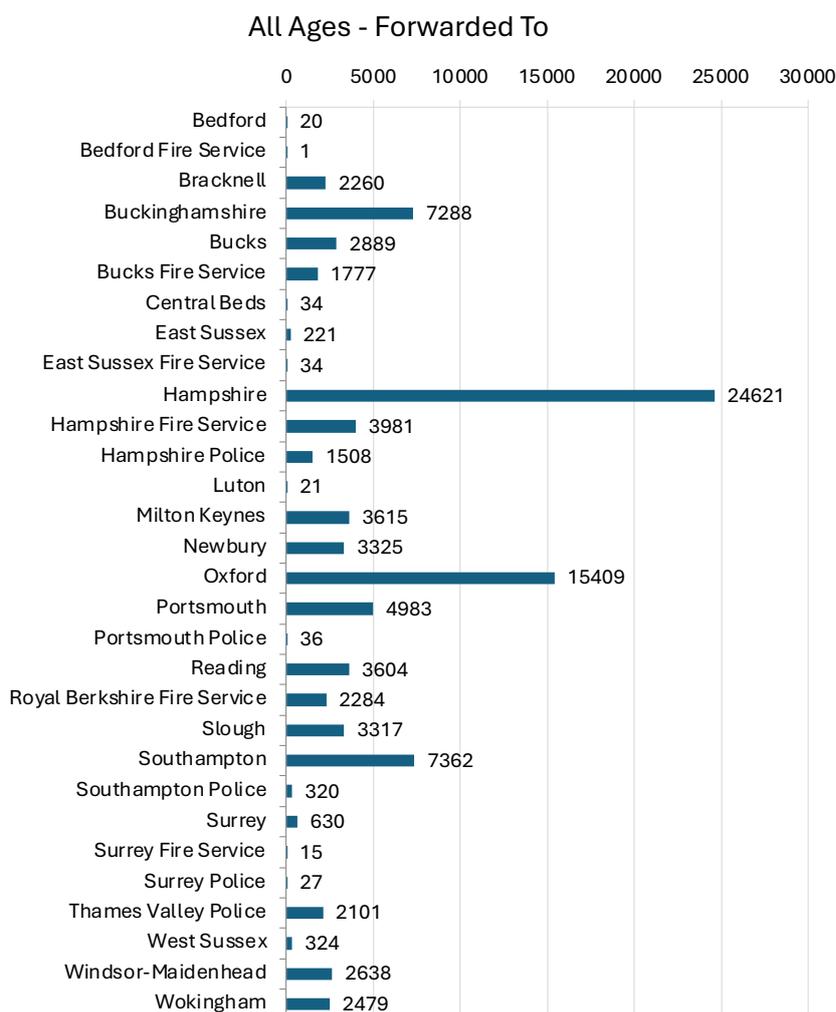
| Q1<br>2024/25 | Q2<br>2024/25 | Q3<br>2024/25 | Q4<br>2024/25 |
|---------------|---------------|---------------|---------------|
| 25739         | 25472         | 23626         | 21619         |

**Figure: 2**

The above table shows a decrease in the total number of referrals each quarter. The difference between Q2 and Q1 was 267 referrals; between Q3 and Q2 was 1,846 referrals, and between Q4 and Q3, there was a further decline of 2,007 referrals.

The reduction in the number of referrals was thought to be because of improvements in training to help staff identify a safeguarding concern more accurately, and the launch of the new “My Referral” form. Additional Safeguarding supervision provided to staff could have also positively impacted on the reduction in numbers of referrals. However, the number of referrals SCAS sent that were actively actioned as a safeguarding referral by the local authority teams remained low; between 7-8%. This is known to be typical of ambulance services due to the nature of the work carried out. An improvement plan is currently in place to enhance the quality of safeguarding referrals.

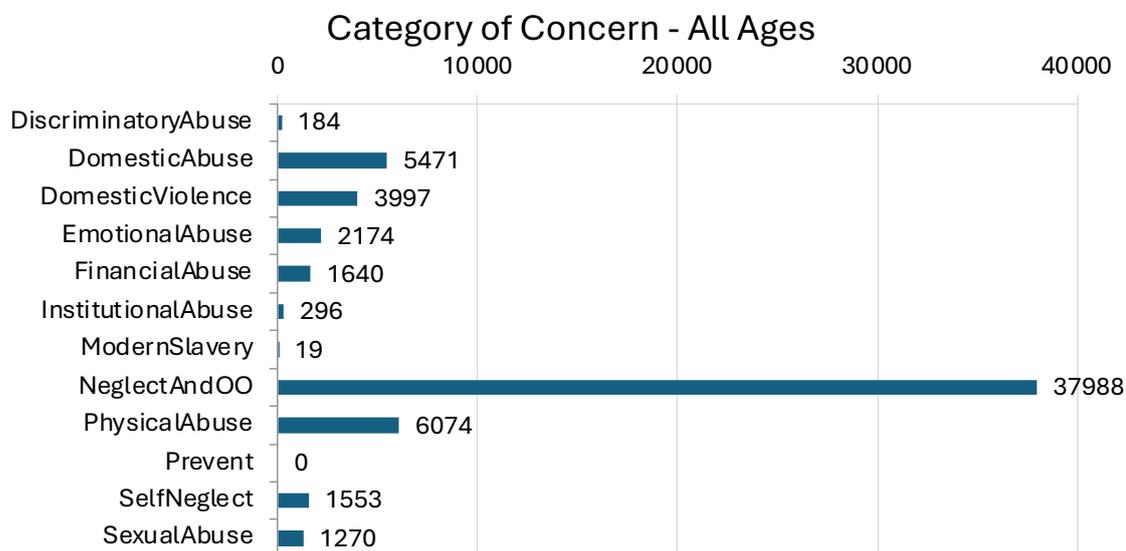
Hampshire remained the highest referral destination, followed by Oxford, as illustrated in the graph of referrals submitted between 01/04/2024 and 31/03/2025



**Figure: 3**

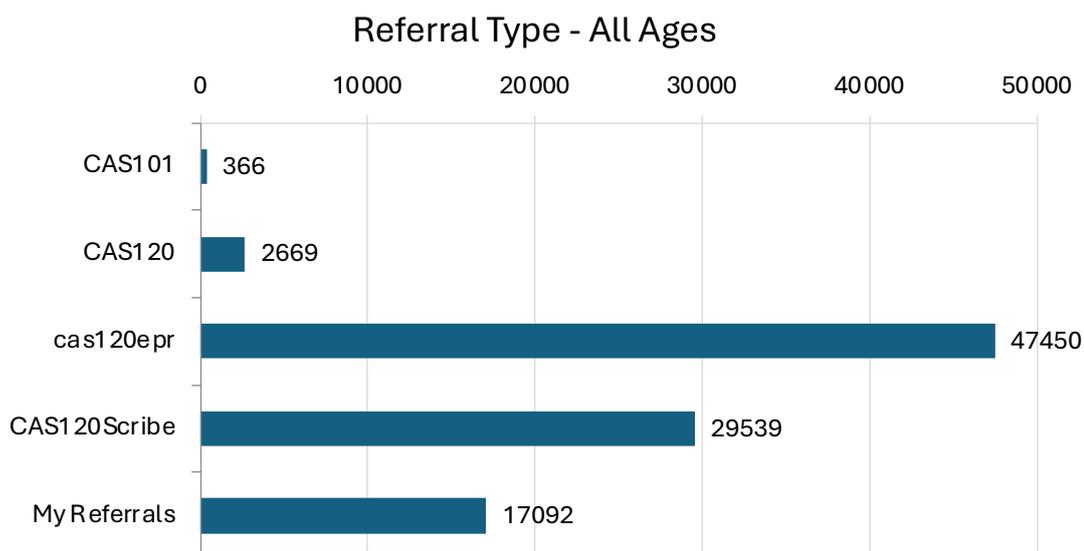
The graph below shows the themes of referrals. The predominant theme for adult and child referrals is "Neglect/Omissions of care" (April 2024-March 2025).

These themes were used to inform safeguarding supervision, ensuring that reflective practice and learning were grounded in real case trends.



**Figure: 4**

The graph below shows the sources of Referrals: During the reporting period, 111 and 999 (frontline) submitted the highest number of referrals.



# TRAINING

Providing safeguarding training for both children and adults is a statutory requirement for all acute health care providers. SCAS is committed to ensuring that all staff are equipped to identify and respond appropriately to safeguarding concerns, including those related to domestic abuse. This was achieved through structured training and monitoring at Levels 1, 2, and 3.

This commitment aligns with two key intercollegiate documents: Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019), which outlines the training requirements for professionals working with children.

The Royal College of Nursing's 2024 publication, Adult Safeguarding: Roles and Competencies for Health Care Staff, outlines the minimum training standards and required competencies for healthcare professionals involved in adult safeguarding. It provides a structured framework to ensure staff are equipped with the necessary knowledge and skills to deliver safe, effective, and person-centred safeguarding practice.

All 999-frontline staff, including Paramedics, Ambulance Nurses, Associate Ambulance Practitioners, 111/CCC clinicians, and Emergency Care Assistants were required to uptake the Safeguarding Level 3 Safeguarding Children and Adults training.

At SCAS, safeguarding is a shared responsibility. Every staff member plays a vital role in protecting and promoting the welfare of children, young people, and adults across the Trust.

By the end of the year 2024/25, Level 3 Safeguarding face to face training compliance met or exceeded target of 90%

Compliance was maintained through a structured approach delivered over a three-year cycle as follows:

- 4 hours face to face teaching session
- 7.5 hours face to face teaching session
- 1.5 hours supervision with safeguarding team
- 3 hours CPD

Members of the Safeguarding team observed the delivery of Safeguarding Level 2 training in January 2025. Following this, the Level 2 training slides were reviewed and redesigned to enhance the quality of training provided to staff. Moving forward, the training materials will be updated as required by legislative changes or practice reviews, under the guidance of the Safeguarding Education and Training Manager.

## Safeguarding Training Compliance by the 31/03/2025

| Training Module                                  | Target % | Actual Compliance % |
|--|----------|---------------------|
| Safeguarding Adults L1 eLearning                 | 95       | 95                  |
| Safeguarding Adults L2 eLearning                 | 95       | 95                  |
| Mental Capacity Level 1                          | 90       | 95                  |
| Mental Capacity Level 2b                         | 90       | 100                 |
| Oliver McGowan eLearning phase 1                 | 90       | 93                  |
| Prevent level 3                                  | 90       | 86                  |
| Basic Prevent Awareness                          | 90       | 96                  |
| Safeguarding Adults and Children L3 face to face | 90       | 90                  |

**Figure: 5**

### Actions to Improve Training Compliance and Delivery

- Increased the number of Level 3 training attendees per session from 25 to 40 for 2025/26.
- The Safeguarding Education Manager transitioned out of the Allegations Management role to focus on training in 2025/26.
- Monthly monitoring of Level 3 and PREVENT training uptake was implemented, with escalation processes put in place.

### Monitoring and Escalation Pathways for SAAF Compliance

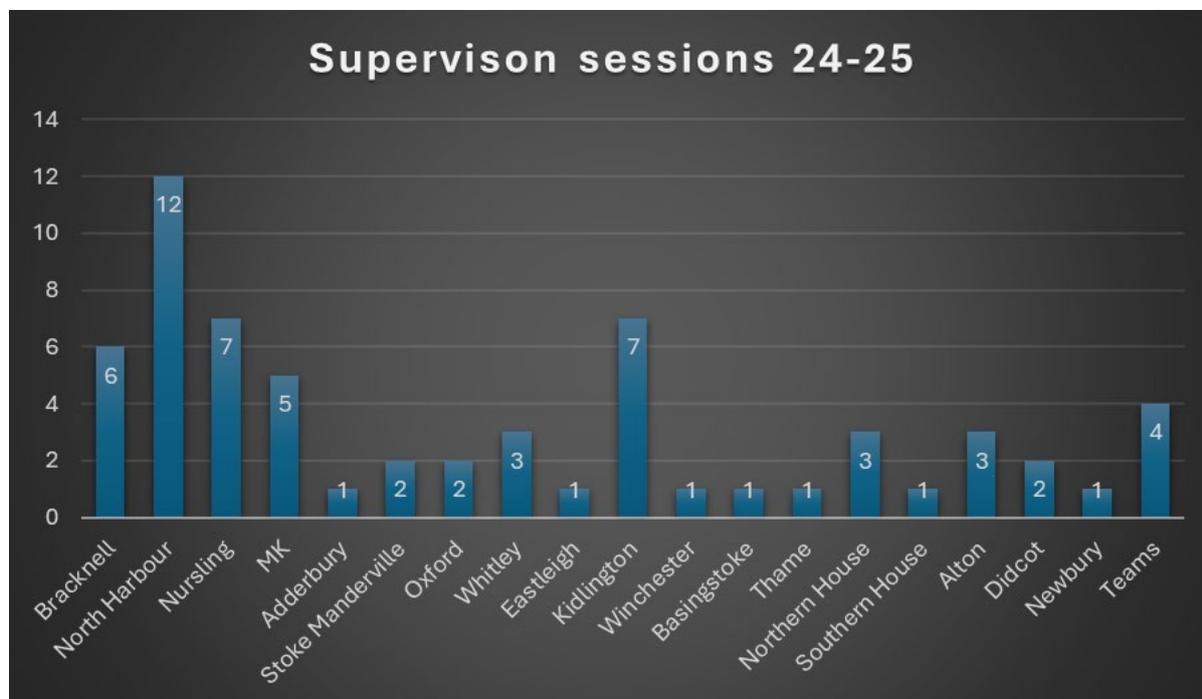
To ensure the SAAF compliance was consistently measured, monthly reports were monitored by the Head of Safeguarding and PREVENT, enabling prompt action in any areas requiring improvement

Bimonthly reports were submitted to the Safeguarding Committee Chaired by the Executive Chief Nursing Officer. Following on to the Safeguarding Committee, an upward report was submitted to each Quality and Safety Board Level Committee. Monthly updates were also submitted to Exec Management Committee.

## SAFEGUARDING SUPERVISION

Between 1st April 2024 and 31st March 2025, 599 staff received safeguarding supervision, contributing to a cumulative total of 1,734 staff having received supervision.

Please see chart below showing the number of safeguarding supervision sessions delivered to different areas SCAS covers:



**Figure: 6**

Topics covered included learning themes from reviews, improvements in safeguarding referrals, and quality enhancement.

## SAFEGUARDING CHILDREN ACTIVITY

### Child Safeguarding Practice Reviews (CSPRs)

A Child Safeguarding Practice Review is a process of learning from cases where a child dies or is seriously harmed, and concerns arise about how organisations worked together. The aim of a Child Safeguarding Practice Review is to identify necessary improvements and consolidate good practices. The findings are used to create a program of actions that lead to sustainable improvements and prevent harm to children.

The Trust was asked to provide information for five CSPRs during this reporting period. Hot topics were cascaded to staff via the SCAS HUB to raise awareness of local emerging themes once received from the Safeguarding Boards.

### Child Death Reviews

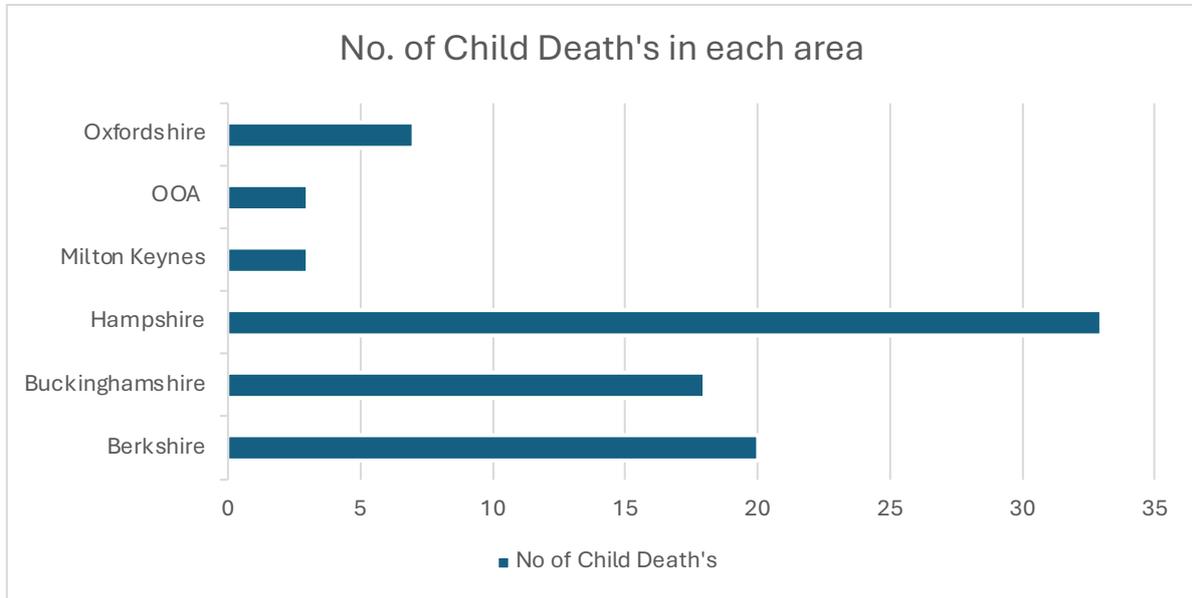
In line with national guidance, the Safeguarding Service represented SCAS, as a 'health voice' at the trust wide Child Death Overview Panels (CDOP) panels.

The safeguarding team represented the Trust at Joint Agency Response (JAR) meetings in response to unexpected child deaths where children were known to reside within our trust area or were known to SCAS as Out of Area (OOA) patients.

As part of the child death process the Children’s Named Professional and Specialist Safeguarding Professional attended quarterly meetings held by the Child Death Overview Panel for each area covered by SCAS. This forum provided SCAS and other agencies with a good opportunity for learning.

The safeguarding service were informed of 81 child deaths, an increase from the previous financial year. The graph below shows that Hampshire had the highest recorded number of child deaths at 33, Berkshire 20, Buckinghamshire 18, Oxfordshire 7, Milton Keynes 3. There were 3 child death’s Out of SCAS Area.

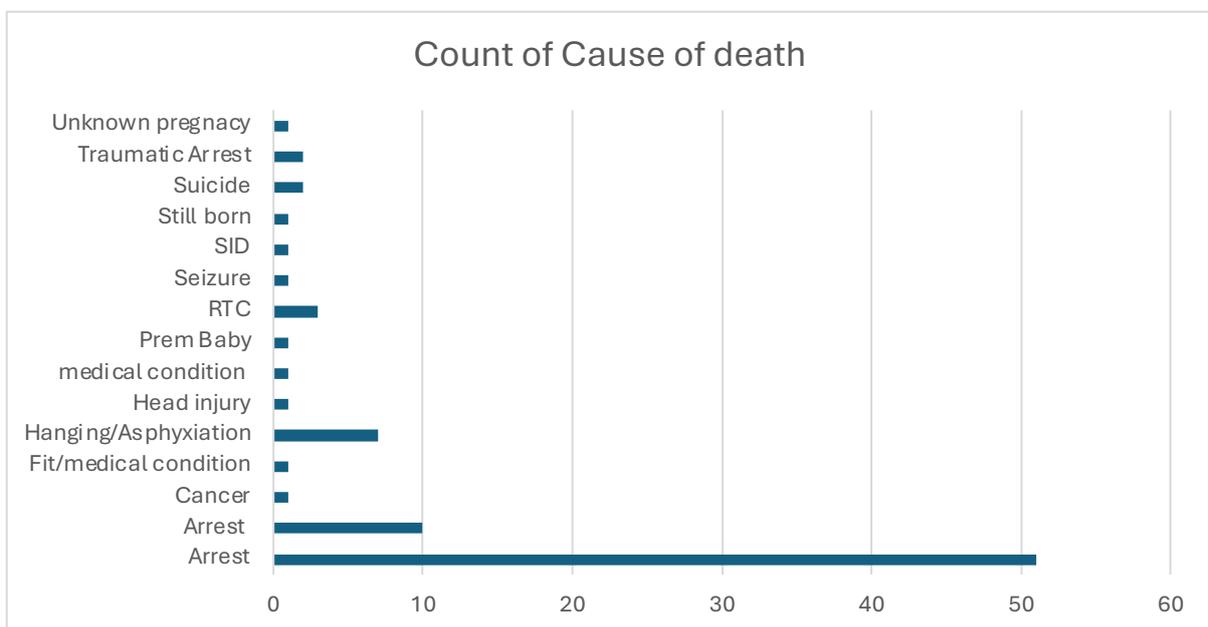
**Figure: 7**



In addition, Operational Managers prioritised these meetings for their teams and attended JARs often. EOC staff informed the Safeguarding Service of any child death at the earliest opportunity and staff also completed a Datix for the safeguarding team’s information.

The below graph shows that the highest number of child death related to a cardiac arrest. Data did not always hold the information as to why that child had a cardiac arrest. Therefore, this had a caveat that the cardiac arrest may be because of another incident. These could also be because of hypoxic events leading to the arrest of the heart. The second highest cause of death was hanging.

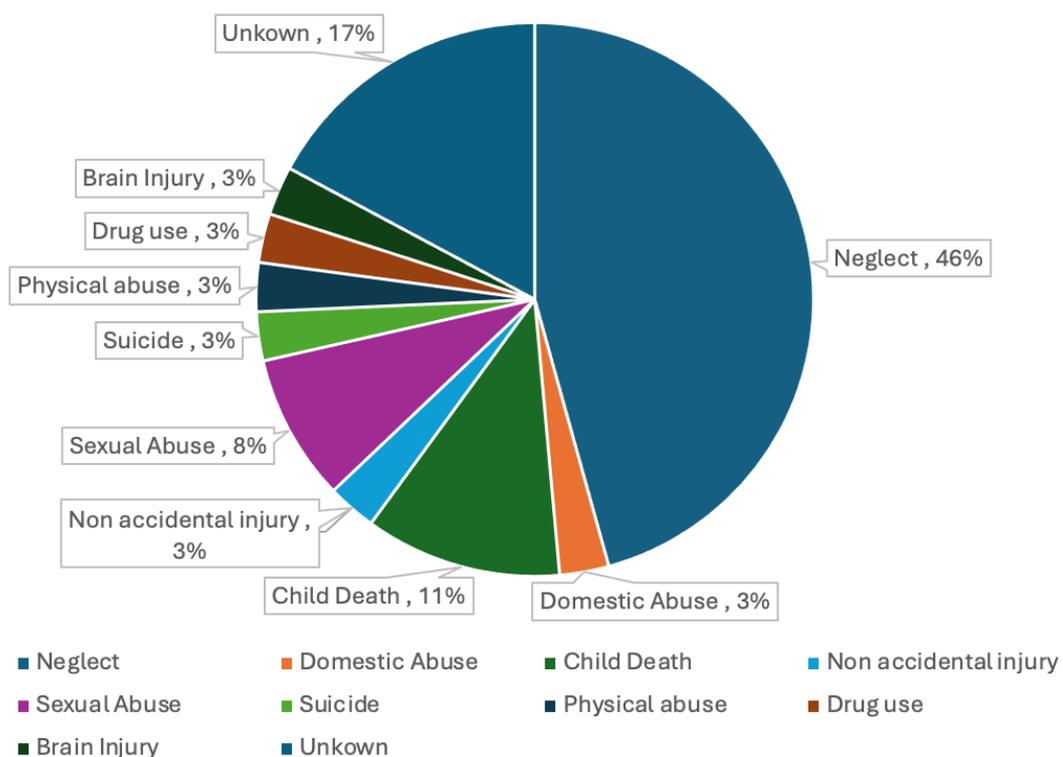
**Figure: 8**



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

SCAS Safeguarding maintained relationships with the 24 Multi-Agency Safeguarding Hubs (MASHs) over the last 12 months. As a result, Safeguarding Children professionals were asked to provide scoping information and attend Child Safeguarding Practice Review cases where a child had died or been injured and safeguarding concerns had been identified surrounding the incident. SCAS was likely to have had little, and on occasions no, involvement with the child due to its role as an emergency service.

There were 35 scoping requests in the financial year. The below graph shows the themes from the child safeguarding practice reviews attended during 2024-25. As with the previous data children are at greater risk of neglect. There are a small number of unknowns due to the local authority not informing us of the reason for the request.



**Figure: 9**

Examples of change of practice due to SCR

- Additional slides such as ‘voice of the child’ were added to L3 training as well as other themes from various child reviews
- A focus on neglect at safeguarding supervision sessions
- Lessons learnt/training added to CPD library for staff to access

## Non-Mobile Infants Standard Operating Procedure (SOP)

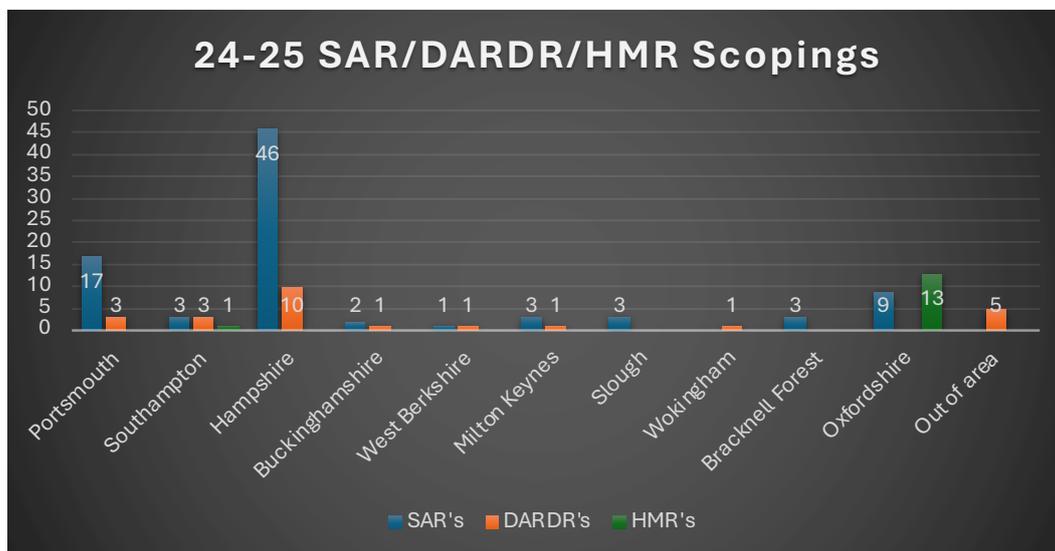
The SOP for making referrals remained in place throughout the year but is scheduled for review in 25/26. This pathway is also being reviewed across other ambulance services to ensure a consistent and standardised approach is followed.

# SAFEGUARDING ADULTS ACTIVITY

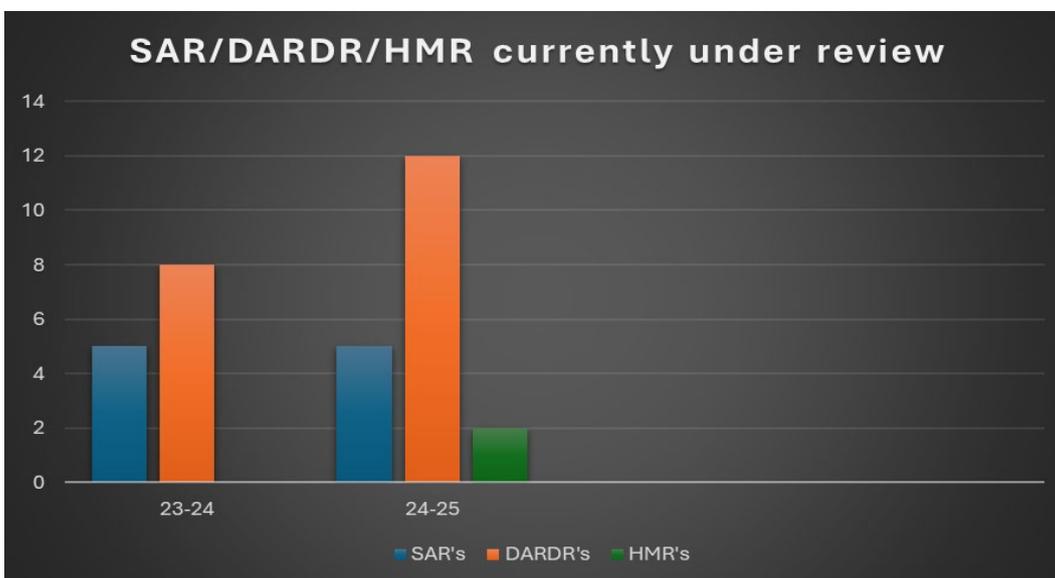
Safeguarding Adult Reviews (SARs), Domestic Abuse Related Death Review (DARDR's) and Homelessness Mortality Review (HMR)'s

Over the last year 24-25 the Trust was involved in a total of 126 scoping's for potential SAR's, DARDR's and HMR's (fig.10) Out of these 10 SAR's, 13 DARDR's and 2 HMR progressed to full reviews. Fig. 11, shows all the current SAR/DARR and HMR's in progress which covered years 23-24 and 24-25.

**Figure: 10**



**Figure: 11**



## Section 42 Enquiries: (S42)

Section 42 of the Care Act (2014) sets out the statutory duty for local authorities in England to carry out safeguarding enquiries when certain conditions are met. All Section 42 enquiries were uploaded onto the SCAS Safety Learning Event Datix system. The Safeguarding Adult Team offered support to the author of the report for the writing of enquires to ensure the terms of reference were met to ensure the ethos of the Care Act (2014) in that Making Safeguarding Personal was upheld.

Learning from reviews have been shared Trust wide via the Safeguarding Hub.

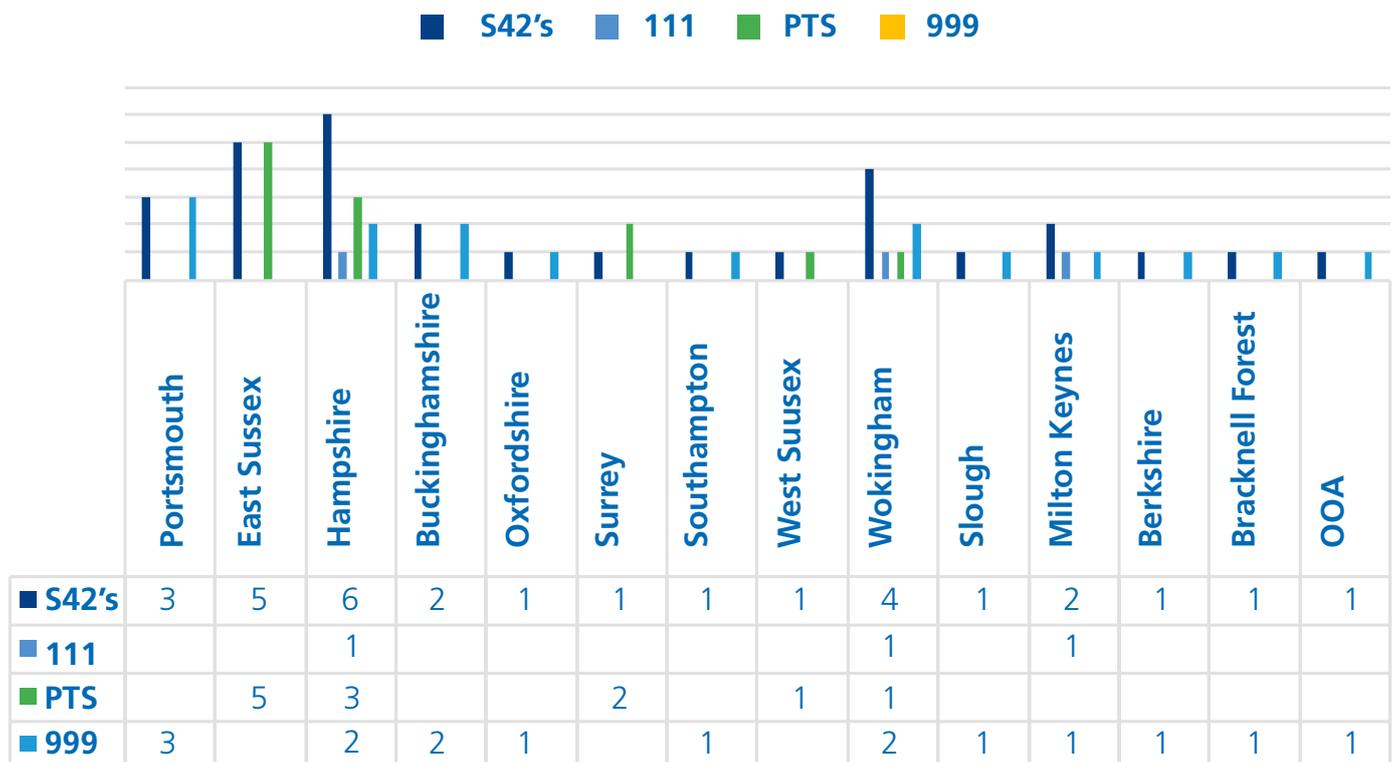
During 2024-2025 there were 30 requests for Section 42 enquiries.

## Analysis of themes of S42 enquiries

The main themes of concerns which triggered a Section 42 enquiry fell into Delays in ambulance attendances and non-conveyance of 999 patients, alleged injuries from Patient Transport Service (PTS) when returning patients home and non-suitable PTS transport for conveyance to hospital appointments.

Figure: 12

### Mental Capacity Act (MCA)



### Mental Capacity Act Standard Operating Procedure (SOP)

Conducting audits within a CQC-regulated ambulance service is recognised as essential for maintaining patient safety, meeting regulatory requirements, and driving continuous service improvement.

The purpose of the MCA SOP was to establish a clear framework for conducting quarterly audits of MCA compliance within South Central Ambulance Service. These audits focused on evaluating how effectively the five statutory principles of the Mental Capacity Act (2005), as applicable in England and Wales, were being implemented in practice

The MCA SOP was implemented in October 2024 with the purpose of conducting MCA quarterly audits throughout the year across the Trust.

A steady improvement in MCA compliance by staff was noted in each quarter with the final audit showing a compliance rate of 86.67%. Learning was fed back through safeguarding supervision and safeguarding training.

There is a plan to continue raising the awareness of MCA Trust wide in 2025/26.

## MCA Activity

MCA continued to form part of Safeguarding Training and Safeguarding Supervision and in other meetings within the organisation such as the Patient Safety Review Panel.

## E-Learning Development

E-MCA Level 2a – This was designed and tailored made to be ambulance-specific, developed in collaboration with TEL. This was shared on ESR for staff access.

## Celebrated practice feedback

*I found the MCA session very informative and a really good basis to understand capacity and how it affects us and the legislations that we have to work to.*

*Really useful for us to potentially sign post someone that we come across to your teams.*

## Domestic Abuse (DA)

### Domestic Abuse Support for Staff and Agency Networking

As part of SCAS commitment to safeguarding both the public and its workforce, the team continued to strengthen its support for staff affected by domestic abuse. The Safeguarding team realised that domestic abuse could impact anyone, including colleagues, and took steps to ensure that appropriate, confidential support was available.

### Key developments include:

- **Internal Support Pathways:** Clear referral routes were put place for staff to access support as well as interventions when affected by domestic abuse
- **Domestic Abuse Policy:** SCAS maintained a dedicated Domestic Abuse Policy, outlining support mechanisms, confidentiality, and management responsibilities
- **Training:** A training package was reviewed to support and guide line-managers on how to respond sensitively and appropriately to disclosures, ensuring a safe and non-judgmental environment
- **Partnerships:** The Safeguarding team continued to work with local domestic abuse services to provide external specialist support and signposting for staff
- **Networking:** The DA Specialist attended networking meetings with health, social care, and police colleagues to ensure the trust was up to date with changes and updates for specific areas across SCAS
- **Awareness Campaigns:** Raising awareness posters of Domestic Abuse were disseminated across all SCAS stations and posted in communal areas and toilets. Internal campaigns during key awareness weeks (111 Safeguarding Week) helped in raising awareness, reducing stigma, and encouraging staff to seek help
- **DARDR Learning:** As part of SCAS commitment to continuous improvement and safeguarding best practice, the organisation actively engaged with learning arising from Domestic Abuse Related Death Reviews (DARDRs)

## **Key themes identified from DARDRs have informed updates to policy, practice, and training. These include:**

- Enhanced training for frontline staff on recognising and responding to coercive control and non-physical indicators of abuse
- Improved documentation and information-sharing protocols, with clearer pathways for escalation and referral of domestic abuse concerns
- Development of guidance to support safe enquiry, particularly in scenarios where patients are not able to speak freely

A structured plan was put in place to roll out these recommendations across the service. This included:

- Integration of learning into safeguarding refresher training modules
- Dissemination of case learning through supervision and internal communications
- Inclusion of domestic abuse learning in supervision and reflective practice forums

The safeguarding team continue to monitor the implementation of these changes through audit, feedback loops, and frontline engagement, ensuring that lessons from DARDRs led to measurable improvements in how staff identified, responded to, and escalated domestic abuse concerns.

Looking ahead, the safeguarding team aim to further embed a trauma-informed approach and enhance training so that all staff feel supported and safe to disclose abuse.

# PREVENT

PREVENT Statutory Duty under *Section 26 of the Counterterrorism and Security Act (2015)* is a statutory responsibility for the health sector.

PREVENT is part of the government's counter-terrorism strategy (CONTEST) and aims to reduce the threat to the UK from terrorism by stopping people becoming terrorists or supporting terrorism. It works to ensure that people who are susceptible to radicalisation are offered appropriate interventions, and communities are protected against radicalising influences.

Healthcare professionals have a key role in PREVENT because frontline workers often meet and treat people who may be susceptible to radicalisation. Everyone working in healthcare settings - in the NHS or on behalf of the NHS - therefore has a duty to ensure that they understand PREVENT and know what to do if someone they have had contact with is at risk.

PREVENT has been embedded into internal safeguarding processes to ensure staff are equipped to identify and respond to individuals at risk of radicalisation. Through training, policy integration, and case management, PREVENT is actively used to support appropriate interventions and protect communities from radicalising influences.

Over the reporting period the PREVENT Lead worked collaboratively across SCAS with the PREVENT networks and stakeholders to drive key initiatives and to implement a more robust reporting process. From April 2024-December 2024 referrals were completed and sent to the appropriate Local Authority. This meant that the emphasis was put on Local Authorities to forward to the PREVENT Teams leading to potential delays in referrals, a lack of information being recorded around referrals sent and no follow up or feedback for referrers.

In December 2025, a PREVENT Standard Operating Procedure (SOP) was published to be used in conjunction with the PREVENT Policy. This directed staff to use the Datix system for reporting PREVENT referrals. The referral was triaged by the PREVENT lead, additional relevant information collated and sent directly to the regional PREVENT Team on a National PREVENT Referral Form. A record of the referrals is held with the Safeguarding Team.

In 2024/25, 16 PREVENT referrals were documented and sent. This is a notable improvement from last year where no PREVENT referrals were recorded. The implementation of a new safeguarding referral form will include the PREVENT referral pathway which will ensure more seamless, less time-consuming process. Following the PREVENT Learning Review -Southport, any policy changes will be reflected accordingly and disseminated across the trust.

Moving forward, work will be undertaken to link in with staff to raise the profile of the PREVENT agenda and to ensure that it is core business through SCAS, thus resulting in an increase training compliance and well documented, relevant PREVENT referrals. The new NHS PREVENT training and competencies framework (2025) will be adhered to in the coming year.

An audit was completed for (Q4) which confirmed that all the referrals where appropriate and completed and sent in a timely manner. Feedback is provided when referrals meet the threshold for the Channel Panel or are referred to other agencies for further support.

# MANAGING ALLEGATIONS

An allegation against staff triggers a safeguarding procedure regardless of whether the incident is proven or formally reported. It applies when someone working with children or adults at risk:

- Has harmed or may have harmed them
- May have committed a related criminal offence
- Shows behaviour indicating potential future risk
- May be unsuitable to work with vulnerable groups

This includes incidents inside or outside work, current or historical, and considers risk by association (e.g., living with someone convicted of offences against children).

The management of allegations against staff constitutes a complex and sensitive aspect of the Trust's responsibilities. It necessitates a rigorous and coordinated approach involving the Safeguarding team and Human Resources, and, where appropriate, engagement with temporary staffing services, law enforcement agencies, and local authorities.

In some cases, a suspension or restriction of practice might need to be considered but this will only happen after a risk assessment is completed.

Number of Allegations by the end of the year 2024/25:

- 61 cases in total
- 38 closed
- 22 open
- 1 Held

## Staff Roles

The table shows the distribution of allegations against staff by role, expressed as percentages. It is important to understand the roles of staff involved in allegation management investigations in order to provide targeted training and internal support.

Risk assessments were conducted as necessary, with action plans implemented following the initial allegations meetings

| Staff role               | Percentage (%) |
|--------------------------|----------------|
| Paramedic                | 36             |
| Emergency Care Assistant | 25             |
| Clinical Team Educator   | 3              |
| Ambulance Care Assistant | 7              |
| Education                | 2              |
| Student Paramedic        | 5              |
| Auditor                  | 2              |
| Technician               | 3              |
| 111 Health               | 2              |
| 111 Clinician            | 2              |
| EOC                      | 3              |
| Support Staff            | 2              |
| Not employed by SCAS     | 8              |

Figure: 13

There were an additional 5 cases which did not meet the threshold to go through the allegations management process.

### Local Authority Designated Officer (LADO)/ Person in a Position of Trust (PiPOT) and Police Referrals made in 2024/25:

- Referrals made to LADO 19 in total
- Cases opened to LADO 13 cases
- Cases that were referred but did not meet LADO threshold 6
- Police involvement – 9
- PiPoT/Adult Social Care Services involvement 3

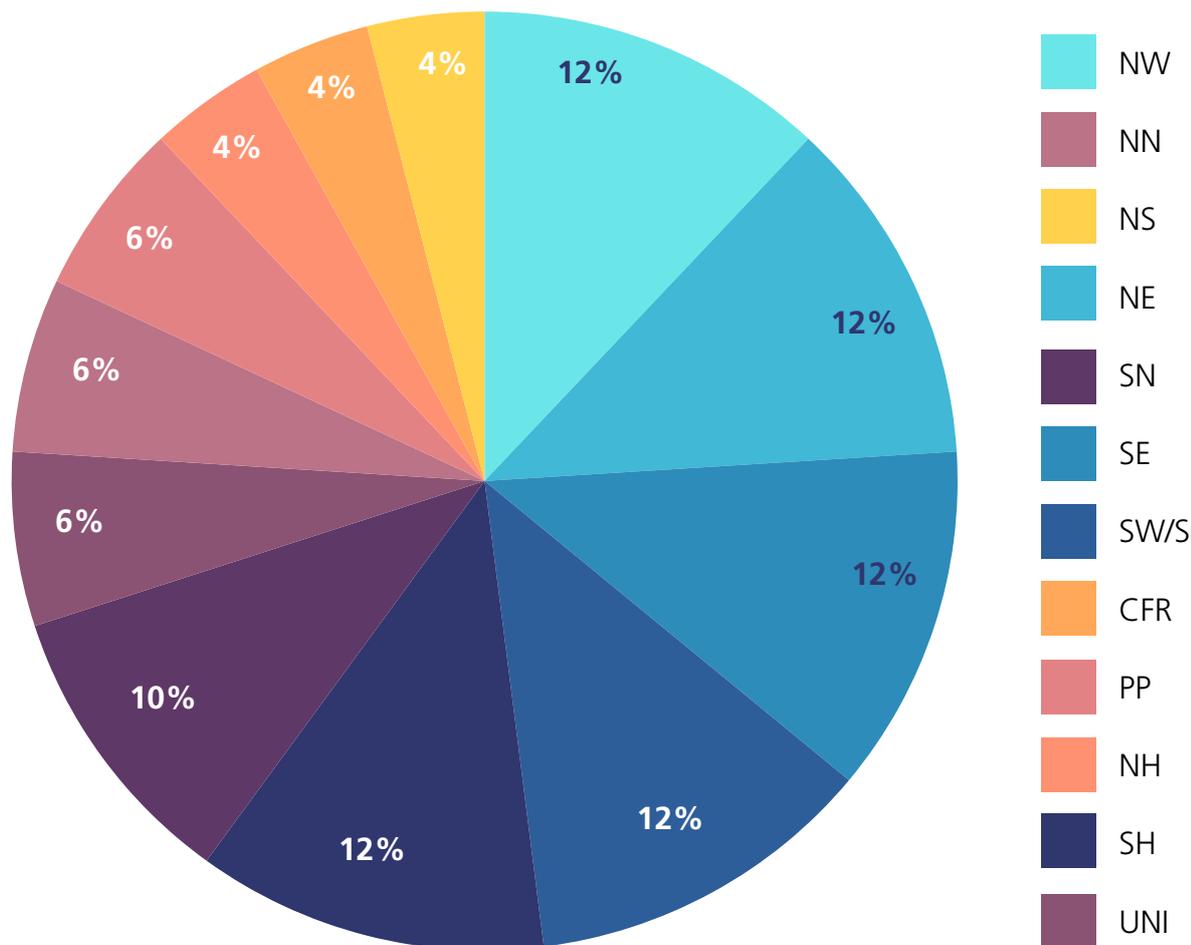
### Nature of Allegations

| Nature of Allegation    | Number of Cases (%) |
|-------------------------|---------------------|
| Sexual                  | 15 (24%)            |
| Inappropriate Behaviour | 15 (24%)            |
| Child Concerns          | 7 (11%)             |
| Harassment              | 5 (8%)              |
| Coercion/Control        | 5 (8%)              |
| Domestic Abuse          | 2 (3%)              |
| Criminal activity       | 11 (18%)            |
| Fraud                   | 1 (2%)              |
| IG breach               | 1 (2%)              |

**Figure: 14**

Sexual misconduct and inappropriate behaviour were the most frequently reported themes. The safeguarding team worked closely with HR to address issues related to sexual safety and misconduct, ensuring that necessary processes and actions were followed through and completed.

## Node Distribution by percentage



**Figure: 15**

The above pie chart illustrates the distribution of allegation management cases across different nodes, along with their respective percentages. SouthWest/South, North East and South East are the nodes with the highest number of allegation cases, each accounting for 13%.

Identifying the nodes with the highest incidence was crucial for recognising patterns, enabling more targeted training and supervision, and strengthening safeguarding measures. This approach supported effective management of allegations to foster a positive organisational culture, in the hope of reducing harmful practices.

## Support for Staff:

### Triangulation with HR and Freedom to Speak Up Guardian:

Regular communication between the Safeguarding Team and Human Resources ensured timely updates on ongoing cases and the closure of cases. A new learning group is being established to implement learnings from themes identified during allegations management meetings

Monthly meetings between Safeguarding and HR was implemented to review ongoing cases. Topics included:

- Inconsistencies in managerial approaches to sexual safety/allegations
- Triangulation of data from Safeguarding, HR, and Freedom to Speak Up Guardian to embed learning on organisational culture and behaviours
- Development of a Sexual Safety/Misconduct Framework, including policies and guidance
- Quarterly review meetings will include the Freedom to Speak Up Guardian, incorporating themes into continuous learning. Meetings with the Head of Safeguarding and PREVENT have already commenced

In addition to the above meeting, the Executive Chief Nurse and Executive Chief Paramedic held monthly reviews of allegations and professional standards issues with HR and the Allegations Team. Cases were reviewed to determine whether they met the threshold for referral to registrant bodies such as the NMC and HCPC. The cases were also assessed to identify any reputational risks or concerns that might attract media attention. Vetting and barring notifications were also considered.

A dedicated mailbox for allegations management referrals was established to ensure that sensitive and confidential communications were accessed only by the allegations management team within the Safeguarding service.

# EFFECTIVE INTERAGENCY AND MULTI-AGENCY COLLABORATION

Effective Inter-Agency and Multi-Agency Collaboration: The Trust actively participated in Safeguarding Partnership and Board meetings, including sub-groups. The Head of Safeguarding attended quarterly SCAS Safeguarding Improvement meetings to update partners on safeguarding progress. Designated nurses were invited to SCAS committee meetings.

A quarterly meeting was established in January 2025, known as the SCAS Process and Practice Improvement Steering Group, bringing together SCAS Safeguarding Named Professionals for Adults and Children, along with representatives from all Local Authority MASH teams. These meetings aimed to improve the quality of safeguarding referrals and provide Local Authorities with a platform to share feedback. They also enabled Local Authorities to learn from one another, particularly around best practices for meeting referral thresholds and taking appropriate action.

## Learning Events

Please refer to **Appendix 1** for the outcomes of adult and children's safeguarding learning events.

The Safeguarding Team participated in learning events hosted across the multi-agency partnership, which prompted reflection on organisation's practice, systemic issues, examples of best practice, and training needs.

## PROGRESS MADE ON 24/25 WORKPLAN

During 2024/2025 there were specific key performance indicators in place covering priority areas. The following updates are provided against the items on the plan.

### **Ensure compliance against a target of 90% for Safeguarding Level 3 face to face or in person training by year end.**

- This was achieved by the end of (Q3) because of additional safeguarding training sessions being delivered, with Safeguarding face to face or in person training at Level 3 training meeting or exceeding the (90) % target trajectory

### **Agree how to monitor and report compliance of Level 3 SG requirements based on The Inter Collegiate Guidance – (16 hours to be completed over 3 years)**

- A staged plan to achieve this has been agreed between SCAS and Commissioners and is in progress. Compliance is being monitored by monthly reporting to Safeguarding Committee and through the Trust IPR

### **To quality assure the Level 2 training programme and adapt to any feedback on delivery.**

- The Safeguarding Team attended the training and reviewed its delivery. The Safeguarding Education Manager is currently working with EOC education colleagues to update the Level 2 presentation. This will be launched by 31 March 2026
- Ensure Launch of New Referral Form (CCC) as a result of the Task and Finish Group actions

### **This has been achieved and was successfully launched in October 2024 Involve Local Authority Partners in the testing of the new referral.**

Achieved with the following feedback

- **Referral Categorisation:** Adult referrals being split into welfare and safeguarding was helpful, though some were incorrectly marked
- **Referral Quality:** Referrals from crews were generally clearer than those from Contact Centre staff: Challenges faced by remotely based contact centre staff, especially with phone-based assessments, were acknowledged
- **Training Needs:** Level 2 safeguarding training was identified as a priority. The Local Authority offered support in delivering this
- **Referral Effectiveness:** Conversion rates were low. Staff need better support to signpost to appropriate services (e.g., mental health), with suggestions to improve access via the referral form
- **Narrative Clarity:** Requests were made for clearer descriptions of concerns within referrals  
Feedback has been incorporated into safeguarding training and safeguarding supervision

## **Ensure Feedback from Local Authorities is provided to staff.**

- This is ongoing via team meetings, safeguarding supervision, and safeguarding training

## **To remain within budget and review any opportunity for CIP (cost improvement savings)**

- Due to additional training required to meet our L3 training and the need to recruitment an interim Head of Safeguarding, the safeguarding budget was overspent against originally agreed budget but within agreed cost pressure limit at year end

## **Recruitment of Head of Safeguarding due to retirement of Assistant Director for Safeguarding August 2024**

- Head of Safeguarding and PREVENT role recruited into in December 2024

## **Recruitment to Named Professional Adult due to resignation of existing staff member March 2024.**

- Named Professional for Adults post recruited into in August 2024. Head of Safeguarding post recruited into in December 2024

## **Agree Safeguarding lead Cover for Allegation Management due to retirement of AD Safeguarding.**

- Head of Safeguarding and PREVENT leads on Allegations Management

## **Plan to deliver joint mental health/ mental capacity training with Hampshire Police in July 2024.**

This has been achieved via a three-hour session including the following topics

- Right Care Right Person
- Mental Health Act
- Mental Capacity Act
- Roles, Responsibilities & Limitations

## **Plan to provide MCA training to Education Team**

- This was achieved. 90-minute session was held 20 January 25 with the entire SCAS senior leadership team in Education to discuss safeguarding categories of abuse, Mental Capacity, Mental Health, referral process and domestic abuse

# PRIORITIES AND AREAS FOR IMPROVEMENT

There are several priority areas on the safeguarding plan for 2025/2026.

- Attaining compliance for Safeguarding Level 3 for all appropriate staff
- Maintaining mitigations to ensure all safeguarding referrals are sent in a timely manner until the Digital Safeguarding Application is rebuilt
- A review into non mobile infants baby SOP
- Improving the quality of safeguarding referrals to relevant agencies
- Embedding learning from allegations management Trust wide
- Continue the delivery of Safeguarding Supervision to staff within SCAS
- Continuing inter-agency collaborative working
- Completion of a Safeguarding Dashboard
- Increasing MCA awareness by staff
- Supporting the implementation of the rebuilt safeguarding digital referral application and process
- Increasing the awareness of Domestic Abuse and PREVENT Trust wide
- To lead Patient Safety Sessions to ensure learning from Reviews are embedded
- Ensure Child Protection Information System (CP-IS) is embedded trust wide
- MCA Lead to work with Technology Enhanced Learning (TEL) Team to complete a bespoke MCA online training
- Establish a learning group to implement insights from themes identified in allegation management meetings

# KEY PROGRESS AND ACHIEVEMENTS 2024/25

## Recruitment and Staffing

- Recruitment of Safeguarding Education Manager, a Digital Safeguarding Specialist, and a Domestic Abuse Specialist

## Supervision and Training

- Continued delivery of The Safeguarding Supervision Programme, with 63 sessions facilitated, reaching 1,734 staff members
- Mental Capacity Act (MCA) Training achieving compliance by year-end:
- Introduction of SCAS-specific MCA training for crews, developed in collaboration with the TEL team
- Review of all Standard Operating Procedures (SOPs) and policies
- Publication of a PREVENT SOP
- Key training metrics exceeding targets across Level 1, Level 2, and Level 3 safeguarding training
- Induction Session updated for new starters to reflect current safeguarding practices
- Introduction of an animated training resource, developed by the safeguarding team and the Digital Education Facilitator, explaining the referral process post-submission to local authorities

## Operational Improvements

- Implementation of a real-time telephone support system for crews requiring safeguarding advice
- Documenting and submitting PREVENT referrals
- Crews accessing out-of-hours Local Authority colleagues via a direct line available in Control Centres
- SCAS Safeguarding Practitioners receiving regular supervision in collaboration with SECAMB and ICB

## Engagement and Culture

- Participated in National Safeguarding Week (November 2024), with eight team members visiting all areas of the Trust and contributing to the White Ribbon Event for Domestic Abuse awareness
- Established quarterly meetings between Named Safeguarding Professionals and all Local Authorities through the SCAS Process and Practice Improvement Steering Group
- A high work ethic is evident within the team, demonstrated by their willingness to support colleagues, share knowledge, and collaborate effectively

# EXAMPLES OF GOOD PRACTICE (REAL CASE SCENARIOS)

## Children Safeguarding

Feedback was received during a CDOP panel meeting, it was highlighted that SCAS's response time to a child death call was "extremely prompt" other panel members felt that this helped the process for the family.

It was also noted during a CDOP panel that a paramedic that had been called out due to a suspected respiratory arrest, contacted Helen & Douglas House to arrange for the child to be transported for immediate care within their facilities, as per the wishes of the family members and child. This meant that the family did not go through the hospital process which relieved huge anxieties.

## Adult Safeguarding

SCAS Safeguarding Adult Practitioner worked with multiagency to peer review Buckinghamshire Fire and Rescue Service which undertook a review of their safeguarding services looking at improvements for their service and reviewing services already in place. A letter was received from chief fire officer/chief executive to thank the Adult Practitioner for her invaluable support to their team and her instrumental participation in the peer review.

## Background

SCAS crews were called to an elderly lady who had fallen from bed. On arrival her husband and son were on scene, and they advised the crew that they had put the patient back into bed.

## Actions

The crew assessed the patient and were concerned that the injuries that she had sustained were not consistent with the story that they had been given, and that there was evidence of old injuries. Using their professional curiosity, they asked further questions and learnt that there was a camera in the room that had saved video footage on it, the footage showed that both the patient's husband and son were physically and emotionally abusing her. The police were called, and the patient was transported to hospital.

## Feedback

On investigation the police found that the patient had been suffering abuse for an extended period at the hands of her family. She had no package of care and when social care had done an assessment, she said she wanted to go into a care home, however unfortunately this had not been followed up. The son and husband were arrested, and charges pressed.

On discharge from hospital the patient was admitted to a care home.

The ICB recognised the great work of the crew both recognising the signs of abuse and using their professional curiosity to look deeper into the situation. This also shows the importance of the information that the ambulance crews gather in situations when there may be no other agency involvement or interventions.

## Domestic Abuse

### Background

Referral received about a staff member having disclosed an assault on them the previous night perpetrated by their husband. Meeting was arranged with the victim and a DASH Checklist completed. Outcome of this was High Risk Honour Based Abuse, Economical, Financial, Coercive Control and Physical abuse by husband and his family. Victim was incredibly vulnerable given their level of medical needs, mental health, and the escalation in the high level of risk posed to them and the children, also involved.

### Actions

SCAS DA Lead ensured a Police referral was completed, a Multi-Agency Risk Assessment Conference (MARAC) referral was completed, and a safeguarding referral was made to child services for the children. Safety planning was completed with the victim for them and their children's immediate safety. SCAS management, HR and DA lead collaborated to ensure the victim's safety whilst working also.

### Feedback

Victim was heard at MARAC and an Independent Domestic Violence Advisor (IDVA) was allocated to them. Social Services became involved with the children to offer direct work with the children relating to DA and their lived experiences. IDVA supported victim in applying and attending court for a non-molestation order and occupation order against husband. Victim received support from Counselling Foundation for specialist support. Perpetrator was arrested by police and victim was supported by officers in completing a robust statement. Home safety netting package was delivered to ensure victim and children were safe in their home.

## PREVENT

### Background

Crew attended a patient that called 111 for a risk of suicide. On arrival the patient was lying face down on the front room floor and he jumped up when the crew touched him. When assessing him the patient became agitated and started talking to someone who was not there. He was making comments about illegal immigrants and made a nazi salute.

### Actions

The crew left scene because the patient refused assessment, however they completed a Datix because of what was being said, and the potential PREVENT risk. A Prevent referral was put together and sent to counter terrorism.

### Feedback

He was adopted into the Channel Panel and was under panel support for 5 months before being exited out of the programme. There were still ongoing issues regarding alcoholism and poor mental health, but he began receiving support from Change Grow Live (CGL) Drug and Alcohol recovery service and referrals have gone in for allocation to the Community Mental Health Team.

## CONCLUSION

In 2024/25, SCAS made notable progress in strengthening safeguarding governance, improving referral processes, and enhancing staff training. Despite challenges with the digital referral system, the Safeguarding Team maintained service continuity through effective mitigations and multi-agency collaboration.

Looking ahead, priorities include rebuilding the digital referral system, improving referral quality, embedding learning from reviews, and increasing awareness of MCA, Domestic Abuse, and PREVENT. SCAS remains committed to delivering safe, responsive, and accountable safeguarding services.

# APPENDIX 1 - OUTCOMES OF ADULT AND CHILDREN'S SAFEGUARDING LEARNING EVENTS.

## Some engagement with Multi Agency Learning Events Adult Safeguarding

### Southampton Safeguarding Adult Board – Thematic Review: Peter and Ahir

- ▶ Key Learning Points and Recommendations:
- ▶ Agencies should give equal consideration to raising a Multi-Agency Risk Management (MARM) framework.
- ▶ Create multi-agency guidance for working with adults who may not be engaged with offered support.
- ▶ Produce a public communication campaign, similar to the NHS "Stigma Kills" campaign, focusing on how perceptions, actions, and words can reduce vulnerable adults' accessibility to services.
- ▶ Consider measures to support practitioners in working with executive capacity.
- ▶ Ensure agencies are aware of different types of advocacy and that practitioners feel confident in raising the need for statutory advocacy in cases where it may otherwise be overlooked

### Oxfordshire Homeless Mortality Review – January 2025

- ▶ Key Learning Points and Recommendations:
- ▶ Assessments (especially under the Mental Capacity & Care Act) should, where possible, include support workers and significant others, with consideration given to executive function.
- ▶ Timely sharing of information for the purpose of safeguarding is essential, and staff should be fully aware of their responsibilities.
- ▶ Accommodation providers within homeless services are supporting individuals with complex and multiple needs, but have limited options for move-on to more suitable accommodation.
- ▶ Referrals to support organisations (particularly where the person will be accommodated in shared housing) should contain all relevant risk information and recommendations for managing/mitigating risk.

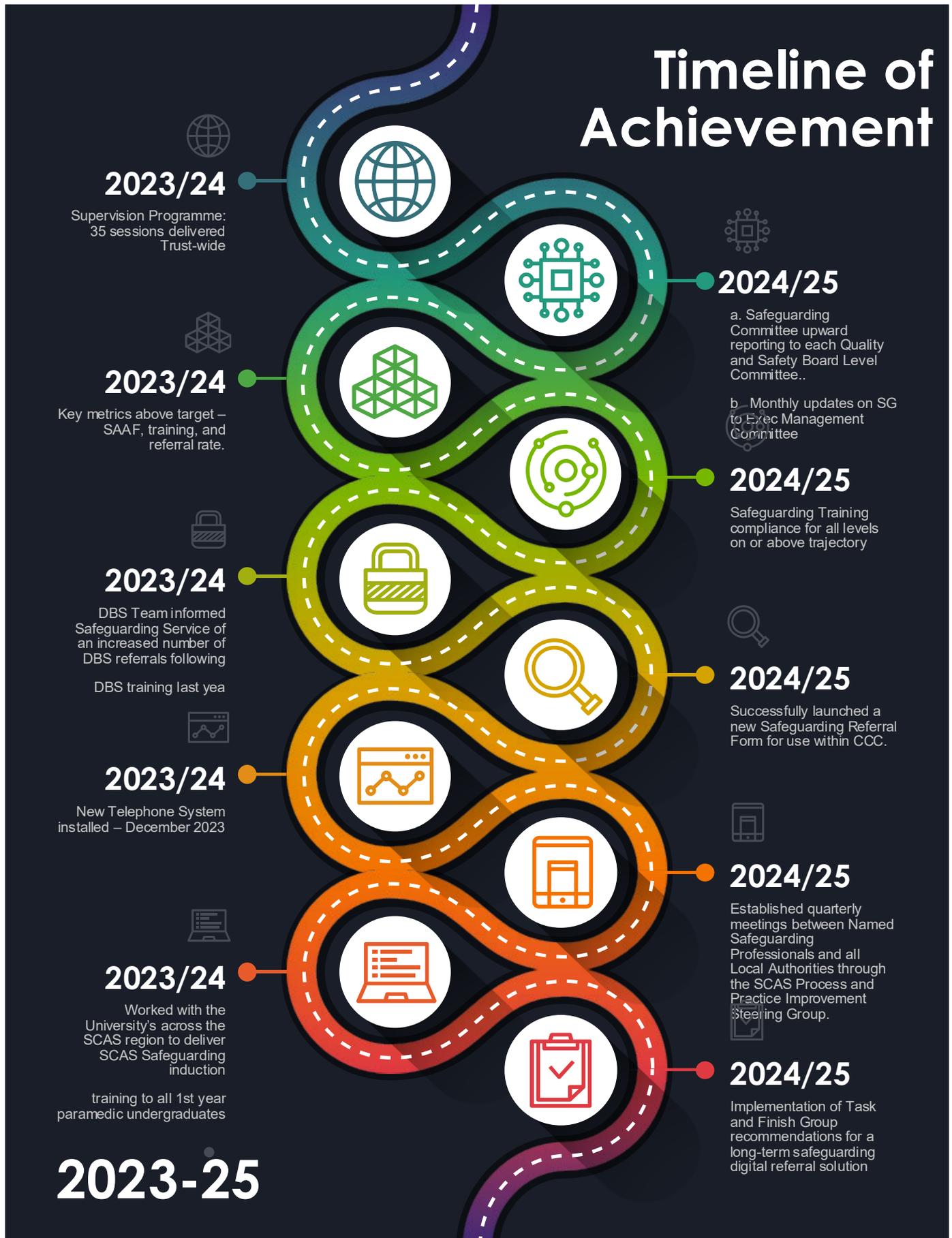
## Children Safeguarding

- ▶ Clear outcomes from referrals must be communicated to the referrer.
- ▶ Where outcomes of referrals are unknown, referrers need to ensure they have followed up until they are satisfied that the referral has been received and understood.
- ▶ Robust assessments are required which include exploration of parental history, lived experience and responses to parenting stressors.
- ▶ There is a need for a collaborative multi-agency approach to understanding injuries to all children in a family.
- ▶ Thorough investigation of new information about injuries to a child within a family is required even after commencement of Public Law proceedings
- ▶ Clinical investigations to exclude other causes of physical injuries must be undertaken, concluded and shared with Children Social Care for inclusion in public law proceedings.
- ▶ Holistic assessment(s) of parental history, lived experiences and management of parenting need to be integral to documents made available to the Family Court.
- ▶ There needs to be a consistent approach to investigation of all injuries.
- ▶ Arrangements for multi-agency debriefs/ information sharing following unexpected outcomes of public law proceedings would be helpful in gaining a shared understanding of findings, and planning a robust approach to next steps
- ▶ The legal framework for statutory intervention is not exhausted following no finding on a single issue.
- ▶ Child in Need meetings need to be established with a clear purpose, understood by family and practitioners alike, with a specified exit/ plan for step down on closure.
- ▶ Child in Need processes need to include all practitioners involved with family members. Where attendance is not possible reports of involvement need to be received

## APPENDIX 2 - OUTCOME OF CQC RECOMMENDATIONS

| Action Area                                | Details  |
|--|--|
| <b>Safeguarding Team Capacity</b>          | Safeguarding team established to improve oversight within the organisation.  |
| <b>Training</b>                            | Safeguarding Level 3 training is being rolled out to all required staff to undertake this training. There is a plan in place to achieve compliance in March 2026.  |
| <b>Policy &amp; Process Review</b>         | All Safeguarding policies have been updated and ratified and are in date.  |
| <b>Referral Quality</b>                    | There is an improvement plan in place to improve consistency and quality of safeguarding referrals.  |
| <b>Governance &amp; Oversight</b>          | Reporting mechanisms and leadership visibility have been strengthened through various scrutiny and assurance meetings, involving both external partners and internal stakeholders.   |
| <b>Data &amp; Audit</b>                    | Audit tools to monitor safeguarding performance have been implemented.   |
| <b>Partnership Working</b>                 | Members of the safeguarding team actively participate in Children's Safeguarding Partnerships, Adult Safeguarding Boards, and various case review panels and subgroups. This includes contributing to multi-agency learning, policy development, and strategic safeguarding planning across the regions served by SCAS. This involvement ensures that SCAS remains aligned with local safeguarding priorities and responds effectively to emerging risks and themes. |
| <b>Mental Capacity Act (MCA) Awareness</b> | Poor understanding of MCA is being addressed through training, supervision, and guidance.  |
| <b>SAAF Alignment</b>                      | The safeguarding workplan has been aligned with the Safeguarding Accountability and Assurance Framework (SAAF), with compliance reviewed on a monthly basis to ensure continuous improvement and accountability.   |

# APPENDIX 3 – TIMELINE OF ACHIEVEMENTS



# APPENDIX 4 – SAFEGUARDING RISK REGISTER

| ID  | Risk Title                                       | Risk Description   | Risk Owner               | Inherent Risk Rating | Residual Risk Rating | Target Risk Rating | Strength of Controls | Status | Review Date |
|-----|--|--|--------------------------|----------------------|----------------------|--------------------|----------------------|--------|-------------|
| 53  | Relationship with Partner Agencies 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 | Christine Asare-Bosompem | 16                   | 6                    | 6                  | Effective            | Open   | 31/01/2026  |
| 202 | Delay in IT Developments with CP_JS Risk         | IF the CP_JS 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 RESULTING in the assessment of risk will then not be determined accurately.            | Christine Asare-Bosompem | 16                   | 12                   | 9                  | Adequate             | Open   | 31/01/2026  |
| 204 | Training Compliance of Level 3 Safeguarding 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  | Christine Asare-Bosompem | 16                   | 8                    | 6                  | Adequate             | Open   | 30/11/2025  |
| 343 | Safeguarding Business Continuity Risk            | IF the Trust does not document it's business continuity plans THEN the team may not be able too implement it's business continuity plan effectively RESULTING in an inability to deliver the service.  | Christine Asare-Bosompem | 16                   | 6                    | 6                  | Adequate             | Closed | 30/04/2025  |

# APPENDIX 5 – REFERENCES

## Legislation and Guidance

### 1. Working Together to Safeguard Children (2023)

Statutory guidance on inter-agency working to safeguard and promote the welfare of children.

[Working Together to Safeguard Children](#)

### 2. Working Together – Statutory Framework (2023)

Sets out the legal requirements underpinning the guidance.

[Statutory Framework PDF](#)

### 3. Care Act 2014 – Safeguarding Adults at Risk

Legal duties for local authorities and partners to protect adults from abuse or neglect.

[Care Act – Safeguarding Adults](#)

### 4. Care and Support Statutory Guidance

Detailed guidance on implementing the Care Act, including safeguarding responsibilities.

[Care and Support Guidance](#)

### 5. Safeguarding Accountability and Assurance Framework

Framework outlining safeguarding roles, responsibilities, and assurance mechanisms across NHS-funded services.

[Safeguarding Accountability and Assurance Framework](#)

### 6. The Children Act 2004

[Children Act 2004 – Legislation.gov.uk](#)



# **Safeguarding is everyone's business**

**Christine Asare-Bosompem,  
Head of Safeguarding and PREVENT**

**August 2025**