



## **Safeguarding Annual Report 2017/18**

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## 1. Introduction

South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to delivering excellent clinical care that contributes to improvements in patient outcomes. As a Trust, we aspire to deliver world class outcomes for patients.

Everybody has the right to be safe no matter who they are or what their circumstances. Safeguarding is about protecting children, young people and adults at risk of harm. While there are a number of contributory factors which are known to increase the level of risk to children, young people and adults, it is extremely challenging for practitioners in any one organisation to identify and act upon concerns when those vulnerabilities give way to maltreatment. The Trust is a geographically large organisation covering a range of both rural and urban environments and though overall, the area covered by the Trust is relatively affluent, there are some notable pockets of high deprivation which may also impact on the level of risk affecting the patients living in these areas.

As part of a wider commitment by all health organisations to safeguard and promote the welfare of patients, the Trust encourages and supports staff to identify adults and children at risk in the community who may be suffering harm from abuse or have unmet care needs. The Trust is not able, nor is it appropriate, to manage the needs of these patients therefore it is essential that partnership working and an understanding of different roles and responsibilities is vital. Any person identified as being at risk should have a referral made to the Trust's central safeguarding team to enable partner agencies, predominately social services, to assess the situation and offer onward support and care provision as appropriate.

The purpose of this report is to provide assurance to the Trust Board that the organisation is meeting its statutory safeguarding requirements and to provide information on the safeguarding activity and work of the safeguarding team during 2017/18.

Jane Mitchell  
Safeguarding Lead

## 2. Background and Overall Activity

The safeguarding department forms part of the Nursing and Quality Directorate. The Director with responsibility for safeguarding is the Director of Nursing, with a change in post holder seen at the start of the reporting period. Governance arrangements across the whole Trust have been reviewed and updated during the reporting period, with the safeguarding agenda being no exception.

The safeguarding department's internal systems are underpinned by the Trusts approved Safeguarding Policy, Safeguarding Referral Procedure and local safeguarding administration procedures. The work of the department is monitored by and reported through a series of multi-disciplinary groups in accordance with the Trusts corporate governance arrangements. The Safeguarding Sub-Group (SSG), which was re-started during 2016/17 has continued to be well supported by both internal and external stakeholders and has altered its arrangements from bi-monthly meetings to monthly in the past 3 months.

As one of the focus areas of work following the most recent CQC inspection, safeguarding has also been subject to intensive support from the Programme Management Office (PMO) with weekly scrutiny at the Clinical Scrutiny Group (CSG) and weekly task and finish group meetings. The move to monthly SSG meetings is anticipating this intensive scrutiny stepping down to 'business as usual' whilst maintaining the momentum in activity. This group is chaired by the Director of Nursing and Quality, and reports into the Quality & Safety group.

At the start of the reporting period the department substantively comprised a team of a WTE Safeguarding Lead (SGL), a WTE Safeguarding Support Officer (SSO) and 3 WTE Safeguarding Coordinators (SGCO). The team was not fully staffed with SGCO vacancies equating to a shortfall of 60% due to maternity leave and resignations. Further pressure was seen with the end of a secondment, increasing the shortfall to 82%. The SSO also left their position during this time leaving a significant reduction in the ability of the team to function. Approval to recruit to the vacant SGCO positions, although in establishment, was not given immediately and vacancies were not filled until the end of September. The SSO post was filled on a secondment basis at the end of October. An additional resource in the form of a Consultant Nurse for Safeguarding commenced in post at the end of August with a focus on delivering the Trust's action plan for improving safeguarding cultures from a staff experience perspective. Delivery of the CQC must-do around training remained within the SGL remit.

Further work has been undertaken regarding structure and capacity across the whole directorate during the reporting period and a new structure for the safeguarding department, including increasing capacity, has now been agreed.

The safeguarding work during 2017/18 has been extremely focussed and subject to intense scrutiny by both internal and external stakeholders over the past year. The CQC inspection identified training paramedic staff to level three (children) in line with the

Intercollegiate guidelines as a must-do for the Trust; this has been given support at Executive level across the whole organisation. Additional work has focussed on staff safeguarding following an external review regarding bullying and harassment within the organisation.

### **3. Referrals**

The department has seen an increase in referral activity of 8% over the 2017/18 reporting period which has been managed within the current staffing levels as previously described. This is good news against the small drop in referrals seen in the previous reporting period which may indicate it was not the start of a downward reporting trend. The total number of referrals for 2017/18 to 11,272 for both adults and children. Every referral into the department is scrutinised by the SGO team and forwarded to the relevant social care team for either adults or children where it is appropriate to do so. Given the extremely challenging time during the summer of 2017 where staffing levels were extremely low, referrals continued to be managed in a timely way, which should be commended.

The safeguarding team has also seen an increase in other areas of activity, including, acting as point of contact for internal and external stakeholders and coordinating meeting requests. The team also collates information pertaining to child deaths, including offering signposting to support services available to staff following these tragic and traumatic incidents and coordinating meeting requests (rapid response etc.) for example. Child death overview panels meet regularly and are now supported by Operational Managers who attend meetings in their local areas whilst still supported by the central safeguarding team.

There has been a sharp rise in enquiries under s42 of the Care Act (2014) which can range in simple enquiries such as call time confirmation, to complex investigations. Complex cases are investigated by local operational managers with input from the safeguarding department, and will be flagged as potential Serious Incidents (SIs) as appropriate. Escalation into this process can occur at any point should information be identified. During the reporting period all of the complex cases have been in regard to significant time delays in responding to 999 calls.

Referral data for the year can be seen below:

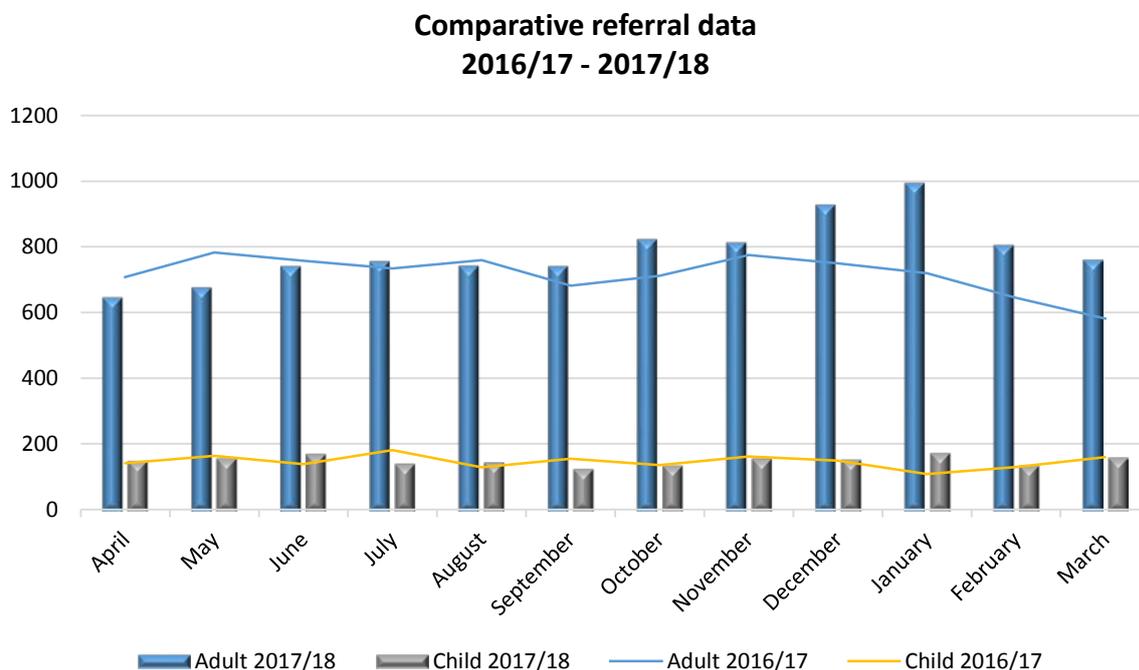


Figure 1: comparative referral data 2016/17- 2017/18

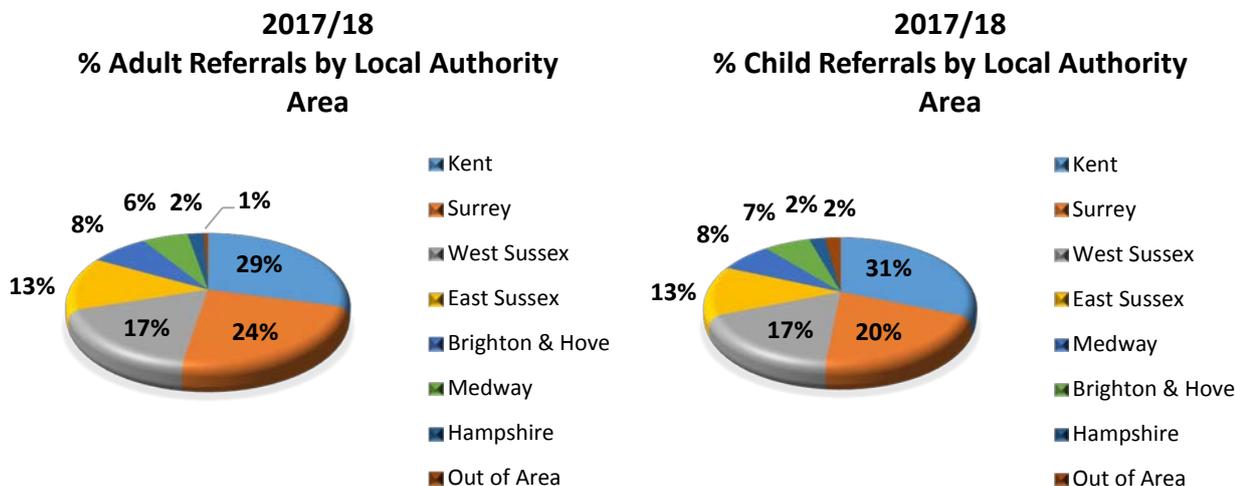


Figure 2: % Adult and child referrals by LA 2017/18

The breakdown of referrals by local authority area shows that the reporting rates are broadly what could have been predicted given the size of each local authority area, with the highest number of referrals being received for Kent (the largest county) and the fewest referrals being received for Hampshire (excluding the very low numbers of referrals for patients normally resident outside of the SECamb area). This reflects the same distribution proportions seen in 2016/17.

The rates for adult referrals have been consistently much higher than those received for children year on year and this remains the case for 2017/18. Although the distribution of

referrals for children and adults is almost identical, the ratio of child to adult referrals is approximately 1:5. This does reflect the service user demographic of the ambulance service, with the majority of the users of our services being adults. Many of the child referrals are for children of the primary ambulance service user, where children are identified as living in possibly abusive environments or where additional care and support needs have been identified.

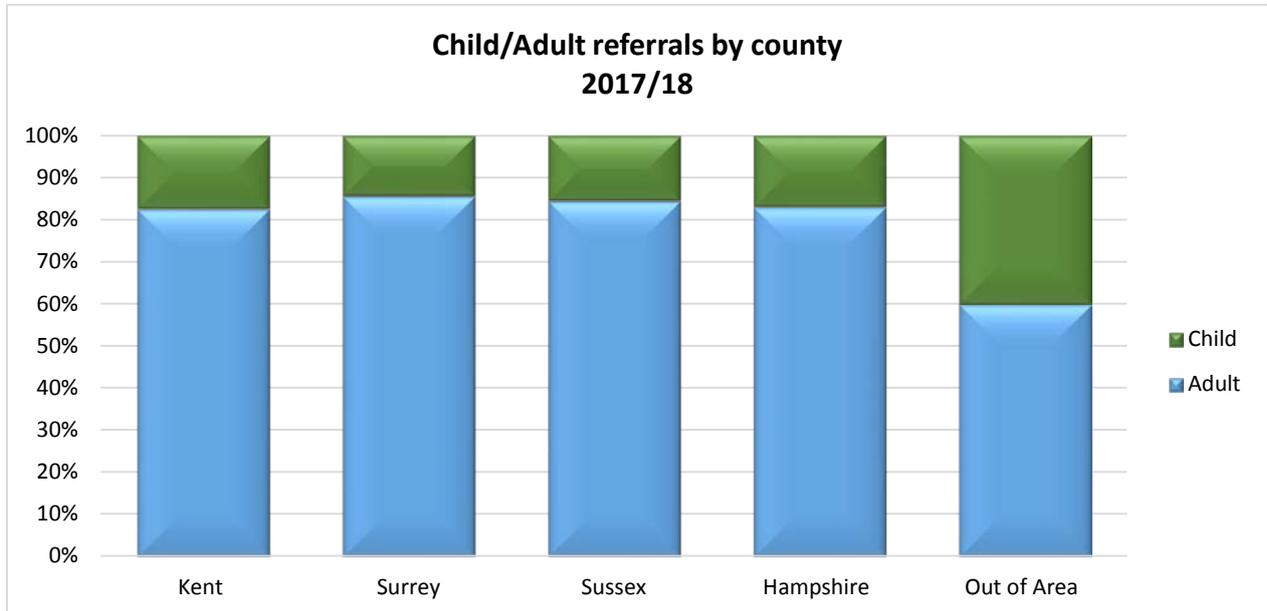


Figure 3: Child/Adult referrals by whole County

The primary concern highlighted by staff may include more than one category of abuse and the top six types of abuse for both adults and children are outlined below.

**Types of concern identified for Adults 2017/18**

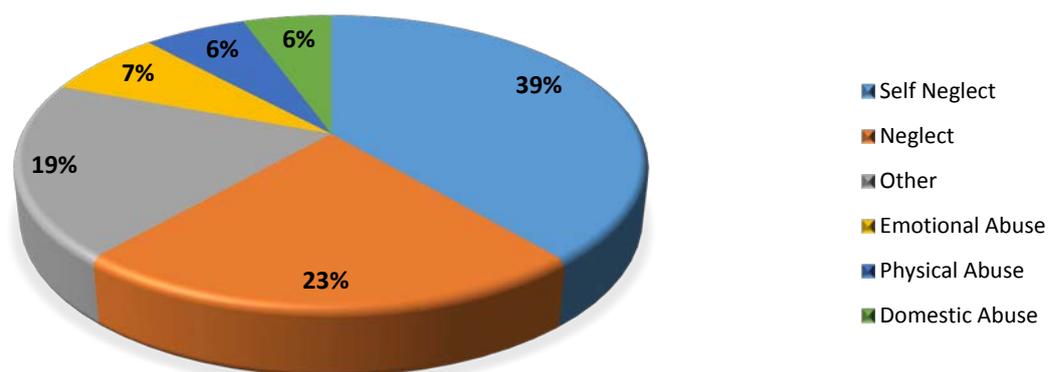


Figure 4: Types of concerns - Adults

**Types of concern identified for Children  
2017/18**

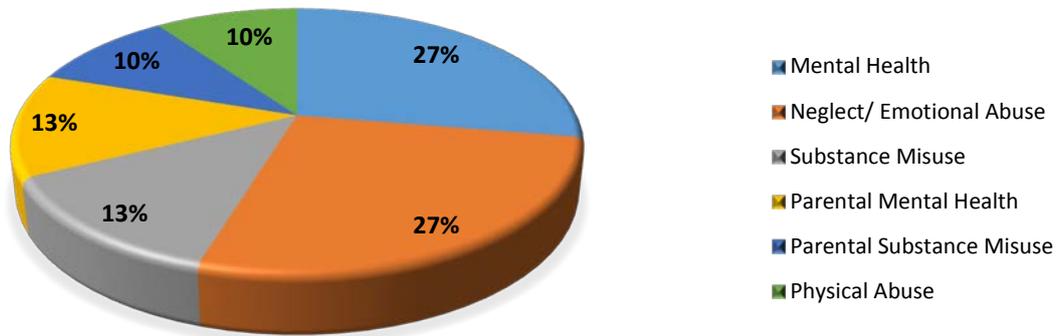


Figure 5: Types of concerns - children

The approval status of referrals relates to whether feedback has been received from the local authority and the case has been 'closed' on the safeguarding database, with feedback given to the referring member(s) of staff. Overall feedback rates are low, at 6% of the total number of referrals sent to local authorities. This is in line with previous years, but a marked reduction seen during 2016/17 where the year-end feedback rate was 13%; feedback forms continue to be sent with every referral. It was not possible to process 2% of referrals received, resulting in the report being rejected, this is a reduction on the previous year (previously 8%), however a change from August. In arrangements regarding rejecting referrals must be noted. Referrals were previously rejected if there was insufficient information received and it had not been possible to obtain any further information after repeated attempts, this is no longer the case and referrals are now only rejected if there is a lack of consent without a clear public health or wider safeguarding concern identified.

**2017/18  
Referrals by approval status**

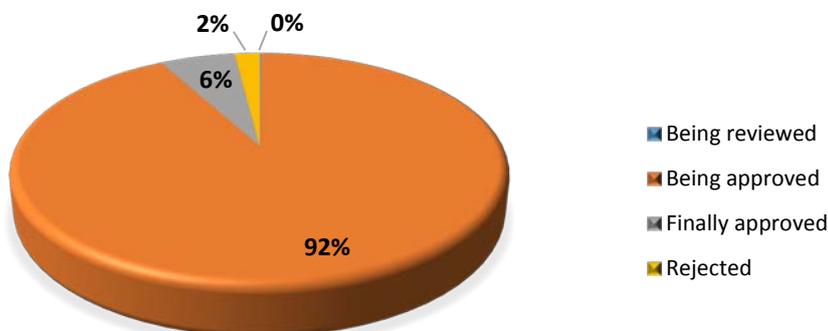


Figure 6: overall year end approval status

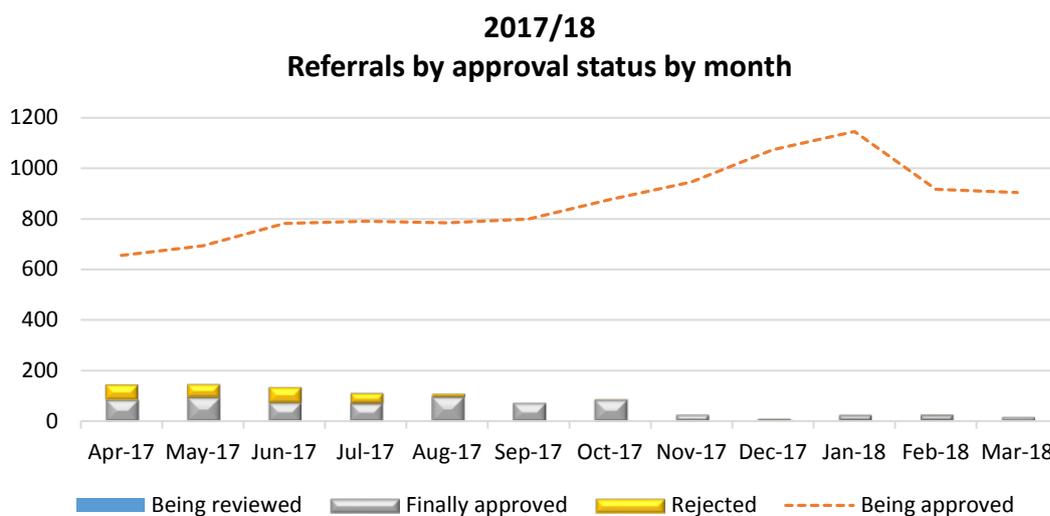


Figure 7: approval status shown by month

As a response to concerns raised during CQC’s 2017 inspection and themes highlighted within the external bullying & harassment review, several safeguarding strategies were developed aimed at addressing tightening the Trust’s response to safeguarding allegations made against its staff. This includes a thorough process where all learning from internal and external safeguarding work is captured and appropriately shared across the organisation. This ensures that risk of harm and abuse to patients, carers and Trust staff can be mitigated.

Examples of this work include:

- a process that ensures safeguarding expertise has oversight of complaints and allegations that have a potential safeguarding theme. This provides assurance of a robust process that evidences a proportionate safeguarding response
- a clear process that ensures mandatory notifications to CQC (under Regulation 18 requirements) regarding allegations of abuse by SECamb staff
- a review of the Safeguarding Scorecard that reflects the Trust’s internal safeguarding activity. Implementation of a safeguarding scorecard that identifies training figures, allegations of safeguarding concerns raised against staff, progress in investigations into staff concerns and feedback following QA visits
- a review of all disciplinary cases over the past two years that provided an expert safeguarding opinion on each case and to assure the Trust’s senior leadership that action has been taken where safeguarding issues were missed or where an individual’s welfare may have been compromised

## 4. Training

Trust staff undertook a number of safeguarding related training programmes during 2017/18. Support staff completed Level 2 child and adult e-learning, patient facing frontline staff completed an e-learning course for the Mental Capacity Act and all paramedic staff were required to complete Level 3 safeguarding child training in line with the Intercollegiate document guidelines in response to the CQC report must-do action; this was completed primarily via e-learning. The Trust also delivered face to face Level 3 child and adult training to Operational managers (team-leaders and above), and clinically registered staff working in the Emergency Operations Centres and 111 in Ashford (with Dorking staff completing their Level 3 training through their employer Care UK). Face to face sessions were also delivered to all newly employed paramedics through the transition to practice programme. Level one safeguarding was not delivered as a stand-alone session, however all new staff did receive an introduction to safeguarding within SECamb as part of their corporate induction programme. It was agreed with the CCG that the Trust target for completion of safeguarding related training would be 85% in line with other provider organisation targets.

Figures for each training level can be viewed below:

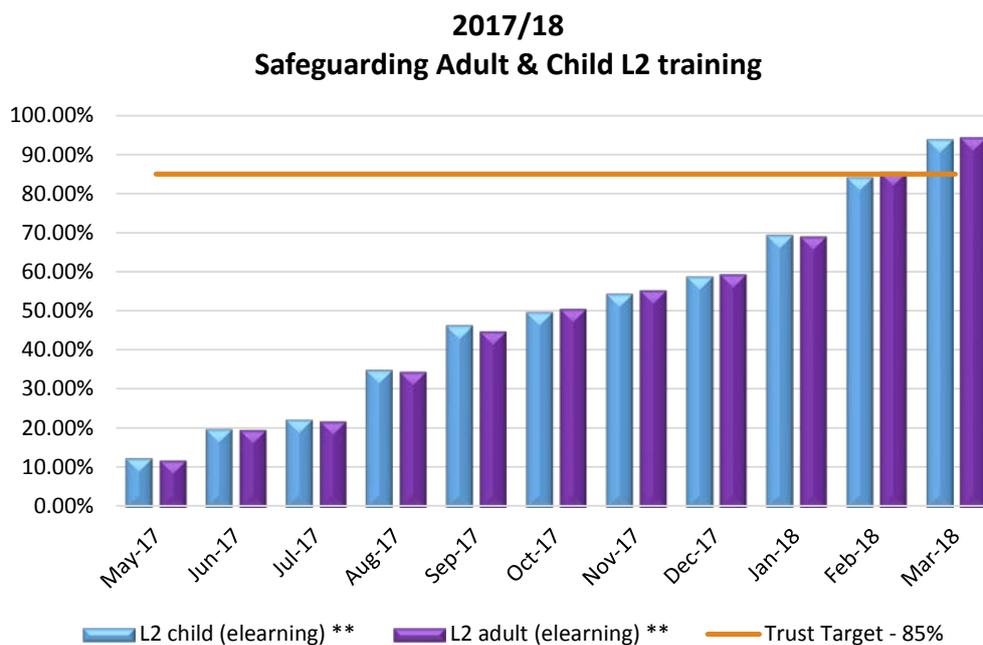


Figure 8: Level 2 training figures (year end)

**2017/18**  
**L3 safeguarding training completion trajectory**

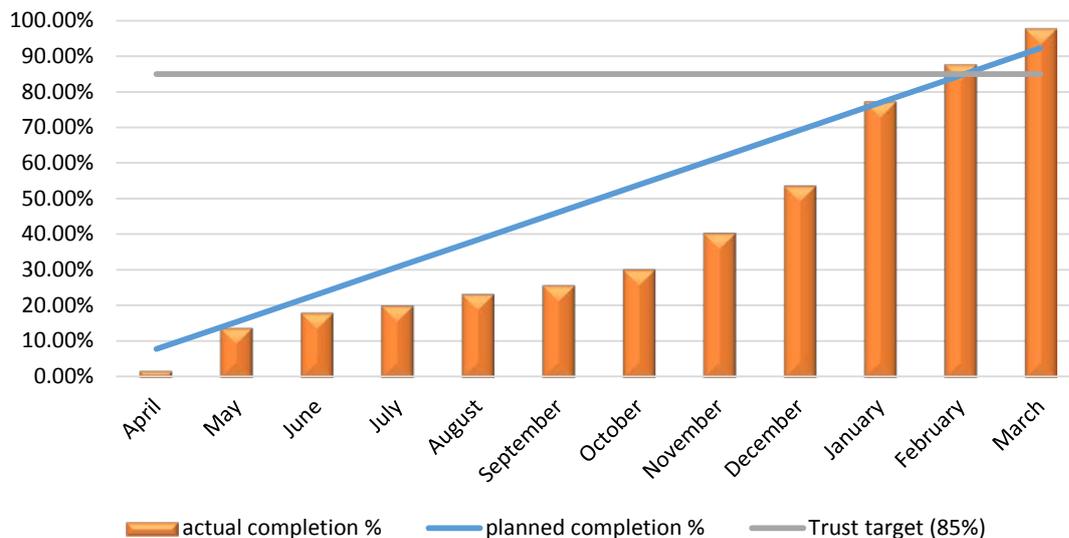


Figure 9: Level 3 training figures (Trust total - year end)

**2017/18**  
**Registered Clinical staff - % L3 e-learning completion**

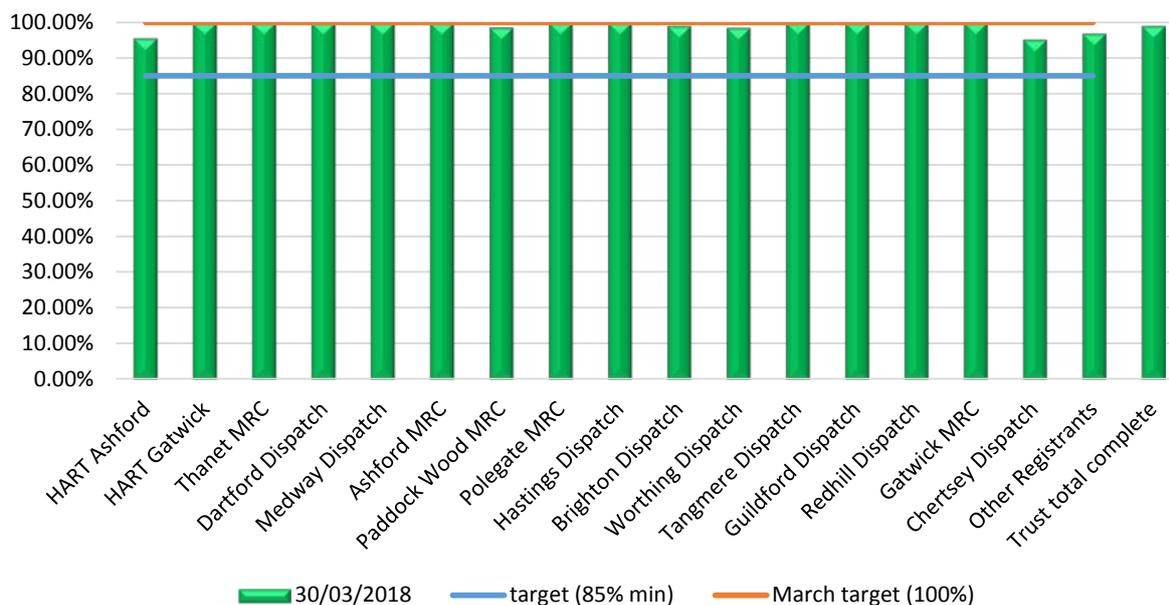


Figure 10: L3 training figures - e-learning for all registered clinical staff

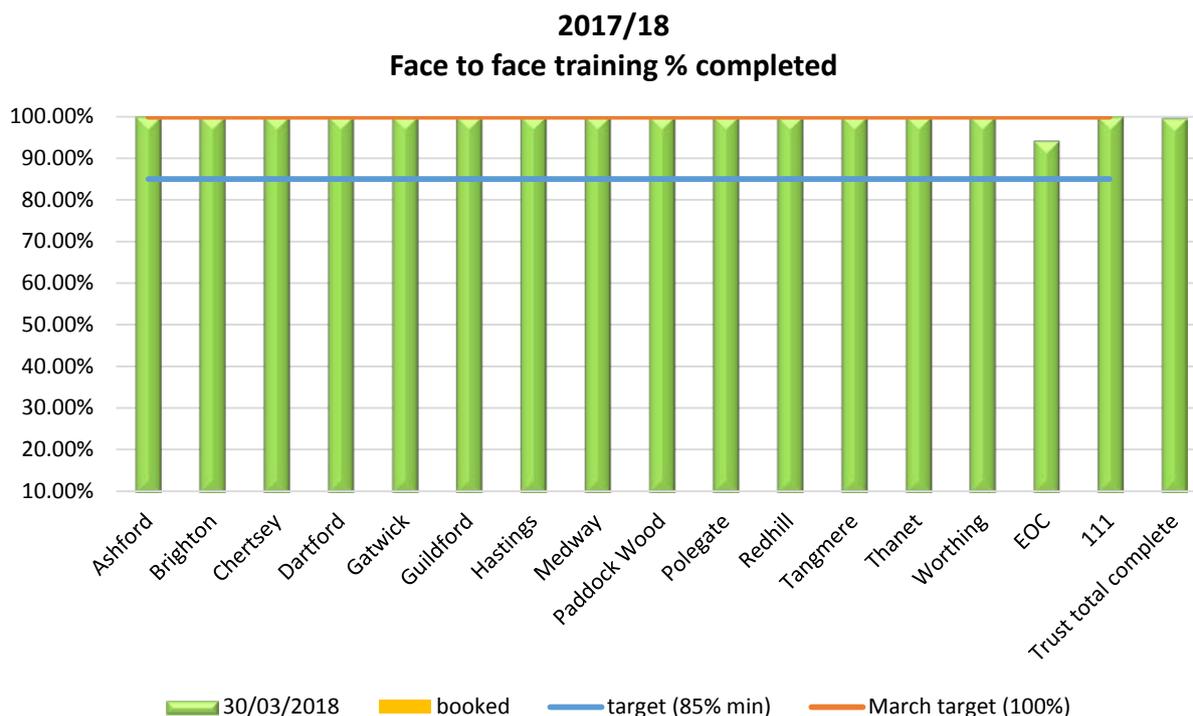


Figure 11: face to face training delivery

Training at all levels has exceeded the 85% target. The totals for each level can be seen in the table below

Course	Year end completion
L2 child (elearning)	93.99%
L2 adult (elearning)	94.62%
MCA (elearning)	92.36%
L3 (child adult)	98.04%

Table 1: overall training data

## 5. Assurance and accountability

Local Safeguarding Children Boards (LSCBs) seek assurance about organisational compliance under Section 11 of the Children Act 2004. The introduction of the Care Act 2015 placed Safeguarding Adult Boards (SABs) onto a statutory footing and each Board has been developing benchmarking assurance tools to identify good practice for safeguarding adults which broadly replicates the Section 11 requirements.

Section 11 requests are received every two years so there was no requirement to complete any during the reporting period, however two requests have been received for completion during Q1 of 2018/19.

The commissioning arrangements for safeguarding were changed in April 2017, with the West Sussex CCGs taking over responsibility for assurance requirements. The West Sussex CCG assurance tool was completed and quarterly focussed updates have been submitted throughout the year for assurance purposes. This information has been shared with other CCGs in line with their information sharing arrangements.

The Trust also completed the pan-Sussex Safeguarding Adult Board assurance toolkit and took part in the associated 'challenge' event where responses were discussed and further actions identified.

As safeguarding was one of the key areas of focus for the Trust following the CQC inspection, it has undergone some additional scrutiny as outlined above. Alongside the Integrated Action Plan (IAP) and weekly scrutiny of progress against that, the day to day business of the safeguarding department has been mapped against a 'business as usual' workplan. This includes areas contained within the CCG assurance framework to ensure evidence is mapped against progress. The workplan is reviewed at the SSG meetings.

Following an internal review of safeguarding arrangements, it was agreed that safeguarding commissioning responsibility would be transferred from Swale to West Sussex CCG from April 2017. The Trust has already undertaken a review of service using the new CCG assurance and accountability framework as a benchmark for quarterly updates from April 2017 which will be overseen as a standing agenda item at the SSG. The benchmark document has been included in this report as appendix A.

The Trust submitted an assurance paper to NHS England and the Trust board in line with NHS expectations following the publication of the Lampard enquiry, which is currently being reviewed for 2018. There have been some gaps identified which will be included in the workplan for safeguarding for 2018/19, these include improved links with HR colleagues, in particular with regard to managing allegations and the final ratification of the Trust's visitors policy which will include safeguarding oversight. The departmental workplan can be seen as appendix B.

## **6. Learning**

In line with the Local Safeguarding Children Boards (LSCB) Regulations (2006) which describes the responsibility of LSCBs in relation to undertaking Serious Case Reviews (SCRs) under Section 14 of the Children Act 2004, and for Safeguarding Adult Boards (SABs) the Care Act 2015 introduced the requirement to undertake Safeguarding Adult Reviews (SARs). During 2017/18, the Trust was required to provide information for four SCRs and thirteen SARs. The rate of SARs being commissioned by SABs has remained relatively static (fourteen received during 2016/17) and a significant reduction seen in SCRs (eleven received during 2016/17); obviously these vary year on year and fall outside of the control of SECamb. Basic chronology or summary of involvement information has been shared for all seventeen reviews. Three cases have had summary

information shared within the past few weeks so it is not yet known whether IMRs may still be requested; one case has been investigated as a Serious Incident (SI) so it is likely that an IMR will be required if the SAB decide to commission a full SAR. Details can be seen in table 2 below.

There have been two SIs as a direct result of safeguarding escalation, one where a summary of involvement identified a significant delay in response time, but also identified a missed opportunity to re-triage the call when new clinical information was disclosed. The second also pertains to a delay/non-attendance following which the patient died.

Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004), during 2017/18 the Trust was required to provide information for one DHR (a reduction from the previous year). A full IMR was completed, however Trust specific learning was not identified due to the limited nature of the contact with the subject of the review.

	DHR		SCR		SAR	
	Info only	IMR	Info only	IMR	Info only	IMR
East Sussex Q1						
Q2						
Q3						
Q4						
West Sussex Q1					3	
Q2						
Q3					1	
Q4					3	
Brighton & Hove Q1						
Q2			1			
Q3						
Q4					1	
Surrey Q1						
Q2						
Q3					1	
Q4						
Kent Q1			1		2	
Q2						
Q3		1			2	
Q4			1			
Medway Q1						
Q2						
Q3						
Q4			1			
Totals		1	4		13	

*Table 2: safeguarding reviews by Safeguarding Board area*

The safeguarding team has also undertaken a deep dive review into internal safeguarding practice. This has been commenced as part of the response to the external review into bullying and harassment undertaken by Duncan Lewis which identified pockets of poor safeguarding practice, including grooming, in one particular area of the Trust. The recommendations from this report will be monitored by the SSG and learning shared across the Trust.

There have also been improvements made across specialities within the organisation, with safeguarding now being represented on the SI group, included as a consideration within medicines misuse and counter fraud. Work has commenced to improve links with HR.

The Safeguarding Lead represents the Trust at the National Ambulance Safeguarding Group (NASG) which reports directly to the national ambulance Quality, Governance and Risk Directors Group (QGARD). The NASG has good representation from all English and Welsh Ambulance safeguarding leads. The group provides peer support and informal supervision as well as sharing good practice and any broader ambulance service learning points from reviews undertaken in individual areas which may translate to other services. During 2017/18 this has included allegations against staff, supervision models and supporting

## **7. Inspections**

The Trust was inspected by the Care Quality Commission (CQC) in May 2017 which identified areas of improvement for the Trust with regards to safeguarding. Specific areas requiring improvement were around delivery of training to Level 3 (children) in line with the Intercollegiate guidelines as outlined above.

A programme of work to address the areas identified by the CQC, which had been commenced following the inspection in 2016, was expanded to incorporate areas identified as part of the external review into bullying and harassment. The Trust has supported this work across all directorates and significantly invested in staff to deliver against the training requirements. A safeguarding consultant commenced working with the Trust in August 2017 to deliver against the safeguarding cultural aspects (bullying and harassment) of the improvement plan.

The full safeguarding IAP can be seen as appendix C.

## **8. Key achievements during 2017/18**

Staff had reported that feedback from referrals was not received on a regular basis; whilst this is requested from the appropriate local authority, as outlined above, responses to these requests remain low. If feedback is received from the local authority,

this is shared with the referring member of staff; however, to provide increased assurance to staff that their referral has been managed, a process acknowledging that the referral has been actioned and sent to the local authority has been implemented. This has been well received by staff.

Joint working with HR around allegations is being embedded with increased links and oversight of all cases by safeguarding now being undertaken. A deep-dive review has been undertaken into historical cases where staff have been subject to disciplinary cases, regardless of whether they remained employed to the end of the process (i.e. resigned); this is supporting the wider Trust work being undertaken around bullying and harassment.

Safeguarding has been embedded within the Quality Assurance Visit (QAV) process with all staff asked about both their knowledge and skills in regard to keeping patients safe, and their own experiences of possible bullying and harassment. This data is included in the monthly scorecard which forms part of the safeguarding monthly report. Locker-room contents, including images, are also reviewed as part of this assurance process.

Partnerships across directorates within the Trust has been strengthened over the past year, this has been driven by increased support at Executive Director level which has cascaded through all levels of staff. A move towards greater local accountability across all areas of work within the Trust has seen Operational support for the child death overview and one area is piloting a safeguarding liaison role to support staff in their locality.

Delivery of the safeguarding Level 3 training over the year has exceeded the target of 85%. The Trust commitment was to attempt to reach 100% compliance, although this was not possible during the year, staff who should have completed the training, but who were unable, will continue to be supported in completing this as soon as possible. The impact of training is difficult to measure, however there has been an increase in referrals seen during the year which implies a greater understanding and underpinning knowledge has been achieved

## **9. Priorities for 2018/19**

Over the coming year the Safeguarding Team will continue to work with other areas of the Trust to ensure that safeguarding practice for all staff continues to remain an area of priority to improve patient safety and ensure that children and adults at risk of harm or abuse are identified and reported using Trust procedures. The safeguarding team have been invited to attend the HR business partner meetings to improve safeguarding assurance and scrutiny across all HR functions within the Trust. The Trust is working to improve confidence in reporting mechanisms for staff who may be experiencing bullying and harassment and safeguarding considerations (regarding possible controlling, coercive or grooming behaviours) are being included within the proposed support

model. Specialist training for staff who may be providing this support and HR colleagues who may be notified of these cases is under development.

The Trust will continue its focus on safeguarding training throughout the coming year in line with the safeguarding training needs analysis. The Level 3 face to face training was well received and this will continue to be delivered to newly qualified paramedics, EOC and 111 clinicians during the year. Front-line clinical staff (including EOC and 111) will be expected to complete e-learning and an hour of face to face key-skills training focussing on harmful behaviours and grooming of vulnerable groups; this includes staff groups who may be at increased risk of being targeted, such as foreign nationals or students on placement for example. Staff targeted to attend the Level 3 training day during 2017/18 will also be completing an additional training session regarding managing grooming and its impact on families and staff.

Additional resourcing for the safeguarding team has been agreed and the process of recruitment is underway. The Director of Nursing post has been recruited to with a substantive post holder now in place, this will bring increased stability across the safeguarding agenda and wider quality workstreams.

## **10. Conclusion**

Safeguarding has continued to encounter significant challenges over the past year. The shortfall in staffing has had a serious impact, particularly on external relationships with social care teams and the responsiveness of the department to requests for information. This, coupled with the additional pressure to deliver a comprehensive programme of face to face training created a number of risks to the Trust; these were reflected on the Trust Risk Register.

Despite the challenges, the team has managed to deliver core business, managing the safeguarding referrals in a timely way. Training has been well received overall and compliance has far exceeded CCG requirements of 85%, reaching an overall compliance level of 98.04% at Level 3. This has only been possible to achieve with support across directorates and at all levels from the Chief Executive to local team managers.

The focussed support around safeguarding and the delivery of the IAP has highlighted the interdependencies of a number of areas including HR, culture and organisational development and frontline operations and raised the profile of safeguarding in these areas. This will have a positive impact on the ability of the Trust to deliver safe and effective patient care, embed the concept of safeguarding as everybody's business and improve the safeguarding of staff within the organisation.

END

## 11. Appendices

Appendix A CCG benchmarking document	 Sussex CCG's Safeguarding Standar
Appendix B Safeguarding departmental workplan	 Safeguarding Workplan 2017 - 2018
Appendix C IAP (year end position)	 Copy of IAP V28 Safeguarding.xlsx