

HCS Safeguarding Committee Report

Guidance on completing this report	 Complete all parts of the report template Ensure issues are described succinctly Limit the report to no more than 3 pages Attach any additional relevant information as appendices
	All reports to be provided 10 working days before the meeting

Report to:	HCS Safeguarding Assurance Committee	
Date of meeting:	03.06.24	
Title of paper:	JDAS - Data and developments	
Report author:	Presented by:	

1. Purpose

What is the purpose of this		Information	X
report?	referrals from HCS into the service, to share	Approval	Х
(brief statement & tick as appropriate)	the updated (draft) multi-agency referral pathway, and to explain collaborative working developments between JDAS and HCS Safeguarding to provide updated guidance for staff dealing with domestic abuse concerns on MyStates.	Assurance	

2. Background

Which committee or group has this been presented to	SPB Domestic Abuse sub-group 2023/24.
before (if any)?	

3. Key Issues

What are the key issues to be aware of?	Referrals – data and developments:
	JDAS data indicates that in 2023 there were 25 referrals into the service from across HCS (this includes ED). This makes up 2% of our total referrals for that year.
	As part of a prior agreement, an Independent Domestic Violence Advisor (IDVA) was attending the Emergency Department several times a week to check a 'book' for cases flagged by HCS practitioners as 'referrals. Some of the ED referrals received in 2023/24 were declined by JDAS due to issues around quality and consent. Whilst consent should not be a barrier to accessing support, there does need to be a certain standard of information available for GDPR reasons and to effectively determine how to safely approach the concern raised. Research indicates that clients who are better informed and included are more likely to engage with support.

A new brief referral form has since been drafted for use by ED staff, which is far leaner than the usual referral form, as a compromise to busy healthcare professionals.

For those working outside of the fast-paced emergency healthcare setting, the usual referral form should continue to be used.

Referral pathway:

The Domestic Abuse strategy 2022-24 identified the need for an updated multi-agency pathway as the existing pathway mentioned the pandemic response and the requirement around consent was not clear enough to help professionals. The updated version has been completed collaboratively with HCS Safeguarding and will be presented at the June 2024 Domestic Abuse sub-group for review and approval. If agreed, this will be rolled out in Q3.

MyStates information:

Work has also been commenced (almost complete) on revised guidance for HCS staff on the MyStates intranet system, to include the updated multiagency referral pathway.

4. Risk implications

Are there any associated	Quality & Safety	x	
risks?	Financial		
	Workforce		
(Please include Risk ID if	Performance	X	
included within the risk register)	Reputational		
What action is being taken	It is essential that all staff understand the process and pathways for referral,		
to mitigate risk?	to enable the right response and support for the service user.		

5. Recommendation

It is understood that internal communications have gone out to ED staff earlier this year regarding the new referral form. It is recommended that a review of the practice change and any issues or learning needs arising should be conducted in Q3 by JDAS and HCS Safeguarding.

If the revised multi-agency referral pathway is approved for use by the SPB, this should be rolled out to HCS staff at the same time as the revised MyStates intranet guidance, also in Q3. This could be incorporated into the monthly level 3 safeguarding training already delivered by JDAS to HCS professionals.

6. Appendices

JDAS referral from for ED staff.



JDAS referral form -HCS.pdf

JDAS referral form for all HCS staff - excluding ED staff.



JDAS-referral-form 2023.docx

Multi-agency referral pathway - draft.



DA pathway diagram v3.pdf