Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Safeguarding & Vulnerability Team

Annual Report

2025/26

Contents

1. Foreword

As Chief Nurse, I am pleased to present the Safeguarding and Vulnerabilities Annual Report, which reflects our organisation's unwavering commitment to protecting the most vulnerable individuals within our care and communities.

Over the past year, we have seen increasing complexity across the safeguarding landscape, particularly for individuals with learning disabilities, mental ill health, and those whose decision-making is affected under the Mental Capacity Act. These often-overlapping vulnerabilities require a holistic, person-centred approach that promotes both safety and autonomy.

We have also strengthened our work in addressing risks associated with security and violence reduction, recognising the impact that violence, aggression, exploitation, and environmental factors can have on both patients and staff. Creating safe therapeutic environments remains a priority, and we continue to develop systems and partnerships that support prevention, early identification, and effective intervention.

This year has also seen the integration of child death review processes within our safeguarding service. This ensures we respond with sensitivity while learning effectively from each case through strong multi-agency collaboration, helping to improve practice and reduce future risk.

I am proud of the progress made in embedding safeguarding across all areas of practice, supported by a skilled and compassionate workforce. Through audits, reviews, and partnership working, we continue to learn and improve, ensuring the voices of patients and families shape our services.

I would like to extend my sincere thanks to our safeguarding and vulnerability teams, clinical staff, and partners who demonstrate dedication, compassion, and professionalism in their work every day. Your efforts ensure that safeguarding remains everyone's responsibility and that those most at risk are protected and supported.

As we look ahead, we will continue to strengthen our safeguarding arrangements, with a clear focus on addressing the complex vulnerabilities associated with learning disability, mental health, mental capacity, and safety. Our ambition remains to provide care that is not only safe, but empowering, inclusive, and responsive to the needs of all.

Phil Bolton Chief Nurse

2. Introduction

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) continues to hold a statutory duty to ensure that all services delivered across the organisation maintain robust and effective systems to safeguard adults, children and young people, including those with learning disabilities and mental health needs, who may be at risk of abuse, neglect, exploitation, or avoidable harm.

This report provides a summary of safeguarding and vulnerability activity within SFHFT during the period 2025–2026. Activity has been evaluated against agreed objectives and aligned with the requirements of the Nottinghamshire Safeguarding Adults Board (NSAB) and the Nottinghamshire Safeguarding Children Partnership (NSCP), alongside national statutory frameworks including the Care Act 2014, Children Acts 1989 and 2004, the Mental Capacity Act 2005, Mental Health Act and current NHS safeguarding, security, violence reduction, and patient safety priorities.

The report reflects the Trust's continued commitment to strengthening safeguarding and vulnerability practice across a broader agenda, including:

- The protection of individuals with learning disabilities, ensuring equitable access to care and appropriate safeguarding responses
- The integration of mental health safeguarding, recognising the increased vulnerability of individuals experiencing mental ill health
- Embedding the Mental Capacity Act (MCA) and deprivation of liberty safeguards/frameworks into everyday clinical decision-making
- Supporting organisational approaches to security and violence reduction, ensuring the safety of patients, staff, and visitors
- Contributing to and learning from child death review processes, ensuring that key learning informs system-wide prevention strategies

The purpose of this report is to:

- Provide assurance to the Trust Board that SFHFT is meeting its statutory responsibilities across all service areas, including those relating to vulnerability, mental health, and capacity
- Offer assurance to service commissioners and regulators (including the Care Quality Commission (CQC) and NHS England) that safeguarding and vulnerability activity has strengthened the prevention of abuse, reduced harm, improved violence reduction measures, and embedded a culture of safety, dignity, and respect
- Demonstrate compliance with the Mental Capacity Act, promoting lawful and person-centred decision-making in care delivery
- Evidence how the Trust incorporates learning from learning disability deaths, child deaths, serious incidents, and safeguarding reviews into practice improvement and system learning
- Inform Trust staff and managers of safeguarding and vulnerability priorities, the role of the safeguarding and vulnerability team, and the support provided across clinical and operational services, including complex areas such as learning disability and mental health
- Reassure patients, families, and carers that safeguarding remains a core priority, ensuring that voices are heard, including the Voice of the Child and the lived experience of adults at risk.

In addition, the report provides an overview of local and national safeguarding and vulnerability developments over the previous 12 months and outlines how these have shaped Trust priorities. It highlights the importance of multi-agency partnership working, particularly in areas such as child death review, community safety, mental health pathways, and violence reduction, to ensure that patients and families across Nottinghamshire are protected and supported.

Finally, the report sets out key priorities and actions for 2026–2027, ensuring continued improvement, strengthened governance, and a proactive approach to safeguarding across all domains.

3.Executive Summary

This report provides assurance to the Board on the effectiveness of safeguarding arrangements across Sherwood Forest Hospitals NHS Foundation Trust (SFHT) during 2025/26. It outlines the progress made across safeguarding children, safeguarding adults, mental health, learning disability and autism, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), Prevent, domestic abuse, exploitation, security management, violence reduction and restrictive practice.

Safeguarding remains a core organisational priority and is embedded within the Trust's governance structures, clinical practice, workforce development programmes and partnership arrangements. Throughout the year, the Trust has continued to respond to increasing complexity within healthcare, including rising mental health presentations, increasing vulnerability amongst patients, violence and aggression associated with clinical conditions, and growing expectations relating to safeguarding assurance and statutory responsibilities.

Training compliance across safeguarding, Prevent and Mental Capacity Act programmes remained high throughout the year, demonstrating the Trust's commitment to ensuring staff have the knowledge, skills and confidence required to identify, respond to and escalate safeguarding concerns. Significant investment has also been made in education, awareness raising and dissemination of learning through safeguarding training, seven-minute briefings, supervision, governance forums and multidisciplinary learning events.

The Trust has actively engaged in multi-agency safeguarding reviews and learning processes throughout the year, including Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs), Rapid Reviews and Domestic Abuse Related Death Reviews (DARDRs). Whilst no completed reviews identified significant concerns relating to Trust practice, recurring themes continue to highlight the importance of professional curiosity, routine enquiry, information sharing and high-quality documentation. Learning from these reviews has been incorporated into safeguarding improvement work across the organisation.

Child Death Review activity has remained a significant area of work throughout 2025/26. The Trust has continued to fulfil its statutory responsibilities within the Child Death Review process, including participation in Joint Agency Responses, Child Death Overview Panels (CDOP) and local mortality review processes. During the year, the Child Death Review Team transferred into the Safeguarding and Vulnerabilities Team, strengthening governance, learning and collaboration across safeguarding services. Learning from local and national reviews has informed improvements in safer sleep education, bereavement care, staff training and clinical practice. The Trust has also progressed work to improve support for bereaved families through the development of a business case for a dedicated Paediatric Bereavement Nurse, recognising the importance of providing compassionate and consistent support following the death of a child. Learning from child deaths continues to contribute to wider service improvement, safeguarding practice and child death prevention initiatives across the organisation and wider system.

Significant progress has been made within the Mental Capacity Act and Deprivation of Liberty Safeguards agenda. The MCA/DoLS Steering Group has overseen delivery of a comprehensive development plan, supported improvements in policies and documentation, increased audit activity and strengthened staff support. Whilst audit findings demonstrate improving compliance and a strong understanding of when

the MCA should be applied, further work is required to improve documentation quality, best-interest decision-making records and DoLS processes.

The Trust's Learning Disability service continues to provide valuable specialist support, advocacy and leadership. Improvements have been made in patient identification, reasonable adjustments, staff awareness and support for complex decision-making. However, the Trust recognises that autism is a distinct area of need and that further work is required to develop a more sustainable and effective autism offer. Whilst support is currently provided through the Learning Disability Specialist Nurse, SFHT does not currently have a dedicated autism service and will explore future opportunities to strengthen this area of provision.

Mental health remained a significant area of activity during 2025/26. The Trust refreshed its Mental Health Strategy, strengthened governance arrangements, embedded new performance measures and expanded mental health training across clinical services. There has been a notable reduction in Mental Health Act detentions where SFHT acted as the detaining authority, despite increasing numbers of patients presenting with mental health needs and prolonged waits for specialist placements. This demonstrates the positive impact of enhanced multidisciplinary working, earlier intervention and improved clinical support. However, challenges relating to patient flow, system capacity and information sharing continue to require attention.

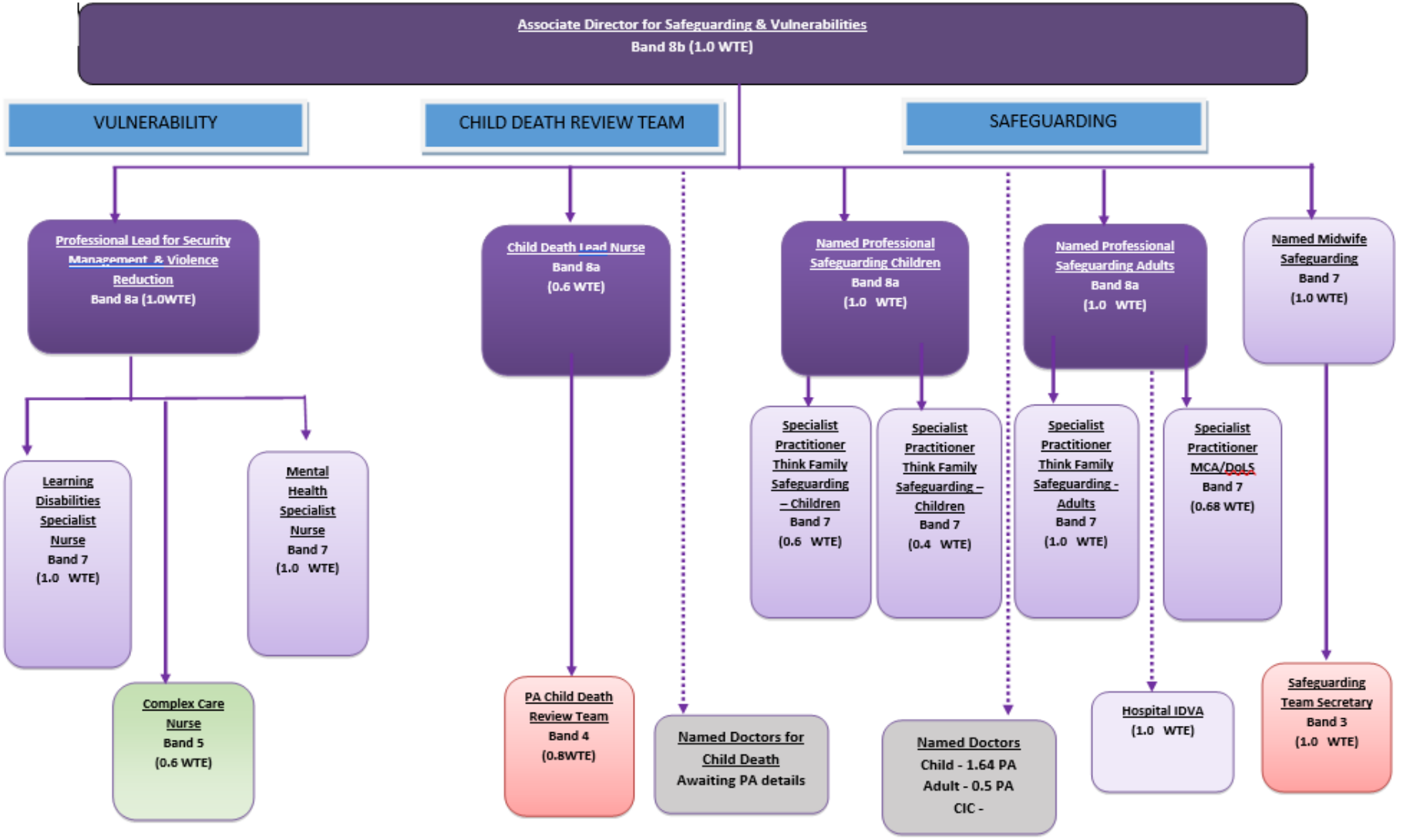
Violence reduction, restrictive practice and staff safety have remained high-profile priorities. Although incidents of violence and aggression continue to occur, particularly where patients present with dementia, delirium, mental illness or cognitive impairment, the Trust has strengthened governance arrangements, reviewed training programmes and developed plans to implement training compliant with Restraint Reduction Network (RRN) standards. The organisation has also continued to promote a multidisciplinary approach to managing behavioural distress, recognising the importance of trauma-informed and person-centred care.

Partnership working remains a significant strength. Throughout the year, the Trust has worked closely with safeguarding partnerships, local authorities, police services, Nottinghamshire Healthcare NHS Foundation Trust, Integrated Care Boards, voluntary sector organisations and other healthcare providers. These relationships have supported learning, service development, escalation of complex cases and improved outcomes for vulnerable patients.

Whilst the report highlights many areas of good practice and improvement, it also identifies ongoing challenges and opportunities for development. Priorities for 2026/27 include strengthening autism support, improving MCA documentation and DoLS processes, implementing RRN-compliant training, enhancing mental health pathways, maintaining training compliance and preparing for future legislative developments, including Liberty Protection Safeguards and revised NHS security requirements.

Overall, this report provides assurance that Sherwood Forest Hospitals NHS Foundation Trust continues to meet its statutory safeguarding responsibilities, maintains effective governance and partnership arrangements, and remains committed to continuous improvement in protecting and supporting the most vulnerable members of the communities it serves

Safeguarding & Vulnerability Team Structure



5. Key National Themes for Safeguarding & Vulnerability

Safeguarding practice during 2025–2026 has continued to evolve in response to national policy, statutory guidance, and learning from reviews and inquiries. The NHS Safeguarding Accountability and Assurance Framework (SAAF) 2026 reinforces that safeguarding is a whole-system responsibility, underpinned by partnership working, prevention of harm, and a strengthened focus on equality, lived experience, and outcomes for individuals.
In addition, updates to Working Together to Safeguard Children (2026), reforms to the Mental Health Act (2025), and national programmes relating to learning disability, violence reduction, and patient safety have shaped the safeguarding landscape.

SFHFT has proactively aligned its safeguarding arrangements to these emerging priorities, as outlined below.

1. Strengthening Multi-Agency Safeguarding and System Accountability

National Theme:
There is an increased national emphasis on multi-agency safeguarding arrangements (MASA), with strengthened expectations regarding information sharing, joint accountability, and evidencing impact on children, families, and adults at risk.

SFHFT Alignment:

- Continued active engagement within **NSAB and NSCP partnership structures**, including subgroups and review processes
- Strengthened internal governance through the **Safeguarding Committee and reporting frameworks**, aligned to SAAF standards
- Improved **information sharing and escalation processes**, recognising this as a key learning theme from national case reviews
- Participation in **multi-agency audits and safeguarding reviews**, ensuring learning is embedded into practice

2. Addressing Health Inequalities and the Needs of Vulnerable Groups

National Theme:
National guidance highlights the disproportionate risks faced by individuals with learning disabilities, autism, mental ill health, and other vulnerabilities, with a strong focus on reducing inequalities in access, experience, and outcomes.

SFHFT Alignment:

- Strengthened safeguarding pathways for **patients with learning disabilities**, including improved identification, flagging, and reasonable adjustments
- Embedding the **Learning from Lives and Deaths (LeDeR)** programme learning into clinical practice

- Closer integration between **mental health and safeguarding processes**, recognising increased vulnerability linked to mental ill health
- Promotion of a **"whole family" approach**, ensuring consideration of both adult and child safeguarding risk

3. Mental Capacity, Consent and Legal Frameworks

National Theme:
The Mental Capacity Act (2005) remains central to safeguarding, supported by wider reforms through the Mental Health Act 2025, which emphasises patient autonomy, rights, and least restrictive practice.

SFHFT Alignment:

- Ongoing programme of work to strengthen **MCA compliance**, including training, audit, and supervision
- Promotion of **capacity assessments and best interest decision-making** as core practice
- Improved access to **advocacy services** and support for patients who lack capacity
- Alignment of safeguarding and MCA processes to ensure **lawful and ethical decision-making**, particularly in complex or high-risk cases

4. Violence Reduction, Safety and Security

National Theme:
There is growing recognition of the need to address violence, aggression, exploitation, and community safety risks, including domestic abuse, serious violence, and exploitation, within safeguarding frameworks. This includes an increasing national focus on sexual safety, prevention of sexual harm, and ensuring safer environments across healthcare settings

SFHFT Alignment:

- Implementation of Trust-wide approaches to **violence reduction and prevention**, supporting safer environments for patients, staff, and visitors
- Strengthened links between **safeguarding, security, and risk management teams**
- Enhanced staff awareness and training regarding **domestic abuse, exploitation, and coercive control and sexual safety,** including recognising, responding to, and escalating concerns
- Development of a **zero-tolerance approach to sexual harassment, abuse, and inappropriate behaviours,** aligned with NHS expectations for safe care environments
- Improved processes for **reporting, investigating, and learning from incidents involving sexual harm or boundary concerns**, ensuring robust governance and oversight
- Participation in local **violence reduction and community safety partnerships**, contributing to wider system approaches to prevention and early intervention

5. Child Death Review and Learning from Mortality

National Theme:
The Child Death Review (CDR) process continues to be a key statutory requirement, with a focus on learning from every child death, improving family experience, and reducing preventable mortality.

SFHFT Alignment:

- Active contribution to **Child Death Overview Panels (CDOP)** and multi-agency review processes
- Timely sharing of information and professional input into reviews
- Systems in place to ensure **learning from child deaths is disseminated and embedded** within clinical practice
- Strengthening bereavement support and ensuring a **compassionate, family-centred response**

6. Learning from Safeguarding Reviews and National Inquiries

National Theme:
National frameworks emphasise the importance of learning from safeguarding practice reviews, serious incidents, and public inquiries, particularly where there have been system failures.

SFHFT Alignment:

- Robust processes for reviewing and responding to **Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs), and Domestic Homicide Reviews/Domestic Abuse Related Death Reviews (DHRs/DARDRs)**
- Mechanisms to ensure learning is translated into **policy, training, and frontline practice improvements**
- Strengthened culture of **professional curiosity, escalation, and accountability**

7. Prevention, Early Intervention and a Whole-System Approach

National Theme:
The wider NHS strategy places increasing emphasis on prevention, early help, and integrated care, moving from reactive to proactive safeguarding approaches.

SFHFT Alignment:

- Embedding **early identification of safeguarding risk** within all clinical pathways
- Promoting the **Voice of the Child, Making Safeguarding Personal** and person-centred care
- Strengthening collaboration with **community, primary care, and social care partners**
- Supporting initiatives that address **wider determinants of health and vulnerability**

Summary

During 2025–2026, SFHFT has continued to demonstrate strong alignment with national safeguarding expectations, ensuring that safeguarding remains embedded across all services. The Trust has responded to emerging themes including mental health reform, learning disability inequities, violence reduction, and child death review, while strengthening its multi-agency partnerships and governance frameworks.

This work ensures that SFHFT remains responsive to national priorities and continues to deliver safe, effective, and compassionate care, with safeguarding at the centre of all practice.

6. Safeguarding and Vulnerabilities Quality Schedule

Priorities set for 2025/2026

- Maintain our strong safeguarding training compliance by continuing to prioritise training delivery, monitoring compliance, and evaluating the effectiveness and impact of the training provided.
- Sustain a focused approach to ensuring full compliance with the Mental Capacity Act (MCA) and associated legislation.
- Continue process-mapping across the Safeguarding and Vulnerabilities Team, aligned with the wider ongoing service review.
- Undertake a review of safeguarding supervision arrangements for both children and adults across the organisation.
- Explore the development and implementation of a Champions model across safeguarding and vulnerabilities.
- Review and strengthen the processes for sharing learning and tracking safeguarding-related action plans across all divisions.
- Progress service review work with a particular focus on expanding support for patients with an autism diagnosis.
- Continue the rollout of the Oliver McGowen Mandatory Training (OMMT).
- Review how learning from LeDeR is shared and ensure this is effectively embedded into practice.

How did we do? (Performance against this target)

Over the past year, we have made significant progress in strengthening safeguarding and vulnerability practice across SFHFT. Safeguarding training compliance has remained consistently high, supported by a continued focus on high-quality training delivery, close monitoring of compliance, and routine evaluation of training effectiveness. This has ensured that our workforce remains confident and competent in recognising and responding to safeguarding concerns.

Through our MCA Working Group and Trust wide development plan we have sustained a strong organisational focus on MCA compliance. We continue to look at how we are embedding the principles of the Act into everyday clinical practice and ensuring alignment with statutory

requirements. Alongside this, the Safeguarding and Vulnerabilities Team has continued comprehensive process-mapping work, supporting the wider service review and helping to streamline pathways, clarify responsibilities, and improve the overall patient experience.

A full review of safeguarding supervision arrangements for both children and adults has been undertaken, ensuring that staff across the organisation have access to high-quality, reflective supervision that supports safe and effective practice. In addition, we explored the role of our Safeguarding Champions model to understand its potential benefits and to identify further opportunities to strengthen local ownership of safeguarding responsibilities within clinical areas

We have also reviewed and enhanced the mechanisms for sharing learning and tracking safeguarding-related action plans across all divisions. This has improved visibility, accountability, and the timely implementation of learning from incidents, reviews, and external reports. Alongside this, we have reviewed how learning from LeDeR is disseminated and have taken steps to ensure that this learning is meaningfully embedded into practice across the organisation.

Work has commenced to strengthen how we support patients with an autism diagnosis. Early progress includes identifying gaps within current provision, and beginning to look at how we can shape a more responsive and inclusive offer for autistic patients and their families working alongside our community colleagues.

The rollout of the OMMT has encountered a number of internal and external challenges. Internally, progress has been affected by operational pressures and competing organisational priorities, which have required careful sequencing of implementation activity. Externally, evolving national guidance and wider system expectations have necessitated ongoing adaptation to ensure alignment with current standards. Despite these challenges, work to explore effective implementation models has continued, and Trust staff have received Learning Disability and Autism training as part of their mandatory requirements through the delivery of the OMMT e-learning package.

Collectively, these achievements demonstrate our ongoing commitment to delivering safe, effective, and person-centred safeguarding and vulnerability services, aligned with both statutory responsibilities and the needs of our local population.

7. Safeguarding - Working with Partners

Nottinghamshire Safeguarding Adults Board (NSAB)

There have been no changes to the structure or governance arrangements of the Nottinghamshire Safeguarding Adults Board (NSAB) during the reporting period. Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) continues to maintain representation at the strategic Safeguarding Adults Board and remains actively engaged across all relevant subgroups, workstreams and partnership forums.

The Trust contributes to the development and delivery of safeguarding initiatives across the county, using learning from reviews, audits and partnership activity to strengthen practice and inform the ongoing development of safeguarding adults services within SFHFT. This continued engagement ensures that the Trust remains aligned with local safeguarding priorities and contributes to system-wide improvements that promote the safety and wellbeing of adults at risk.

Nottinghamshire Safeguarding Children Partnership (NSCP)

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) continues to actively engage with the Nottinghamshire Safeguarding Children Partnership (NSCP), maintaining representation across all relevant partnership groups and forums.

The Trust plays a significant role in multi-agency audits, reviews and service developments, using the learning and recommendations from these activities to influence and enhance safeguarding practice across the organisation. The overarching aim of the Partnership is to safeguard and promote the welfare of children and young people in Nottinghamshire, working in accordance with the Nottingham and Nottinghamshire Multi-Agency Safeguarding Children Procedures.

Through its ongoing involvement, SFHFT contributes to local safeguarding priorities, supports system-wide learning and improvement, and ensures that best practice is embedded across services to improve outcomes for children, young people and their families.

Joint Nottinghamshire Health Partnership Meeting

The Trust is represented at the Joint Nottinghamshire Health Partnership Meeting by the Named Professionals for Safeguarding Children.

This forum provides an opportunity for health safeguarding professionals across Nottinghamshire to collaborate, share learning and contribute to the development of local safeguarding arrangements. Key objectives of the group include:

- Sharing learning and examples of safeguarding practice.
- Supporting the development and implementation of local safeguarding initiatives.
- Identifying gaps in practice and exploring solutions to overcome challenges and improve outcomes.

Participation in this forum enables SFHFT to contribute to continuous improvement across the safeguarding system while benefiting from shared intelligence, expertise and learning that strengthens safeguarding practice within the Trust.

Nottinghamshire Multi-Agency Sexual Exploitation (MASE) Meeting

The Specialist Practitioner for Safeguarding Children represents Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) at the Nottinghamshire County Multi-Agency Sexual Exploitation (MASE) Meeting.

The MASE panel provides oversight of children and young people who are subject to significant exploitation concerns, including those identified through the police Child At Risk of Sexual Exploitation (CAROSE) process or who are discussed within Child Sexual Exploitation (CSE) strategy meetings where there are high levels of risk or concerns that existing safeguarding plans are not effectively reducing harm.

Key Functions of the MASE Panel

- **Professional Scrutiny and Challenge** – Providing oversight, guidance and constructive challenge to ensure safeguarding plans are robust and effective.

- **Intelligence Sharing** – Sharing information to support the identification, mapping and analysis of child exploitation activity across the county.
- **Investigation Support** – Contributing intelligence to support police investigations, identify emerging trends and target locations of concern.
- **Perpetrator Monitoring** – Maintaining oversight of known or suspected perpetrators, particularly where multiple children may be at risk, to ensure coordinated multi-agency action.

The Trust's involvement supports early identification of risk, strengthens partnership working and contributes to improving outcomes for vulnerable children and young people.

Child Death Overview Panel (CDOP)

The Named Midwife for Safeguarding Children represents Sherwood Forest Hospitals NHS Foundation Trust as a member of the Child Death Overview Panel (CDOP).

The panel undertakes a multi-agency review of all child deaths to identify learning opportunities, determine contributory factors and support the development of initiatives aimed at preventing future deaths. Participation in the panel enables the Trust to contribute to local and national learning and to implement recommendations that improve the safety and wellbeing of children and young people.

Multi-Agency Risk Assessment Conference (MARAC) Steering Group

The Named Nurse for Safeguarding Adults represents Sherwood Forest Hospitals NHS Foundation Trust at the Nottinghamshire MARAC Steering Group. Whilst attendance was not consistent across all meetings during the reporting period, arrangements have now been formalised to ensure regular attendance and representation moving forward.

The Hospital Independent Domestic Violence Advisor (IDVA) represents the Trust at both the North and South Nottinghamshire MARACs and attends the Derbyshire MARAC when required. The role involves close partnership working with a range of agencies, including Domestic Abuse Police Teams and community-based IDVA services across both Nottinghamshire and Derbyshire.

Demand for MARAC research, information sharing and meeting attendance has continued to increase significantly over the last year. In response to capacity pressures, the Hospital IDVA has been advised to prioritise attendance and presentation of cases where victims have been directly identified through Trust services. This approach ensures that available resources are targeted effectively while maintaining the Trust's contribution to multi-agency risk management and the protection of individuals experiencing domestic abuse.

8. Safeguarding Performance & Activity

The data presented provides an overview of safeguarding activity that can be evidenced by the Trust, demonstrating both its significance and the actions taken in response. As we move into 2026/27, we will continue to review and scrutinise both the quantitative data and the supporting evidence to evaluate current practice, identify emerging themes and trends, and inform areas for further improvement and development.

This information is reported quarterly to the Safeguarding Committee and the Trust Patient Safety Committee, providing assurance regarding safeguarding performance, governance, and the effectiveness of safeguarding arrangements across the organisation

Safeguarding Children & Young People

Safeguarding Children Social Care Referrals

The total number of safeguarding children referrals made by Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) has continued to decline over the last three years. Referrals reduced from approximately 580 in 2023/24 to around 490 in 2024/25, with a further decrease to approximately 480 in 2025/26. While the most significant reduction occurred between 2023/24 and 2024/25, referral activity has remained relatively stable during 2025/26.

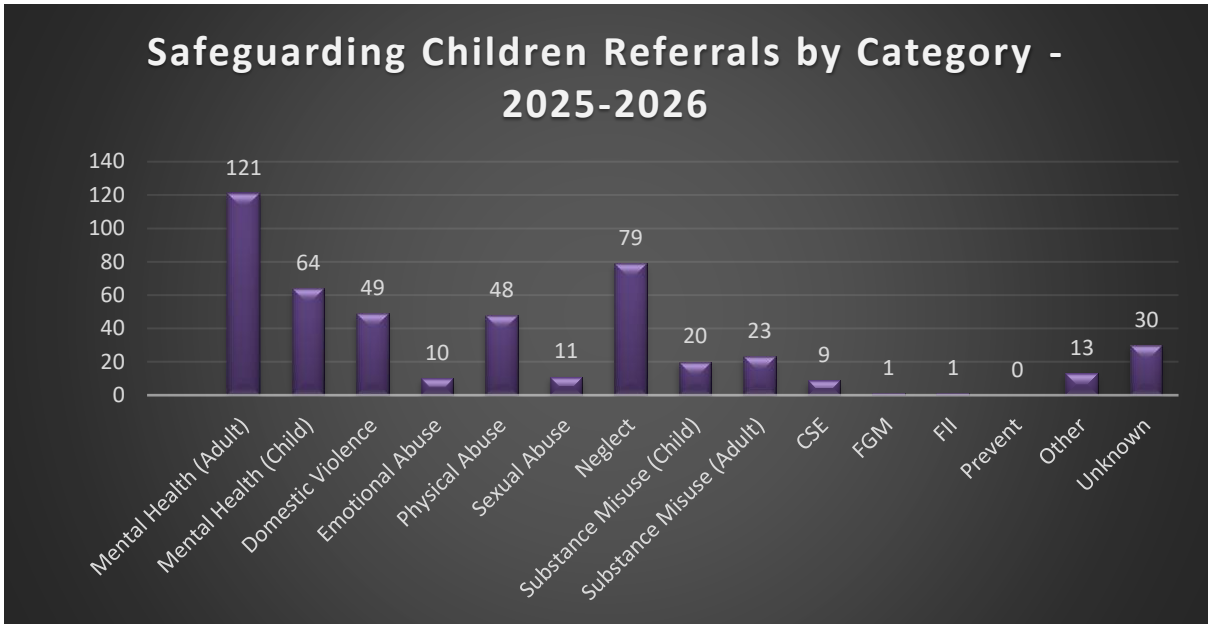
The decreasing trend may indicate a return to more typical referral patterns following the increased safeguarding activity experienced during and immediately after the COVID-19 pandemic. It may also reflect the ongoing work undertaken by the Safeguarding Team to improve the quality and appropriateness of referrals made by Trust staff.

This follows partnership discussions with Nottinghamshire Multi-Agency Safeguarding Hub (MASH), which identified that a number of referrals were not meeting statutory thresholds for children's social care intervention. In response, SFHFT has worked collaboratively with local authority partners to strengthen staff knowledge and decision-making, ensuring that referrals:

- Meet the appropriate safeguarding threshold.
- Are directed to the most suitable service at the earliest opportunity.
- Accurately reflect the needs and risks affecting children, young people and their families.

This collaborative approach has supported more proportionate and targeted referrals, helping to ensure that children and families receive the most appropriate intervention while maintaining effective safeguarding oversight.

Despite the overall reduction in referral numbers, safeguarding activity within the Trust remains significant. The Safeguarding Team will continue to monitor referral trends and outcomes closely, working with partner agencies to understand changes in demand, identify emerging risks and provide assurance that children and young people requiring safeguarding intervention are identified and supported at the earliest opportunity.



Analysis of safeguarding children referrals by category for 2025/26 shows that Adult Mental Health remains the most frequent reason for referral, accounting for 121 referrals. This demonstrates staff awareness of the significant impact that parental and caregiver mental health can have on the wellbeing and safety of children and young people, and reflects the continued application of the Think Family approach across the Trust. It also highlights the ongoing prevalence of mental health challenges within the local population and the potential impact on family functioning.

The second highest category of referral was Neglect**,** with 79 referrals**,** followed by Mental Health (Child) with 64 referrals**,** and Domestic Violence and Abuse with 49 referrals. The prominence of neglect as a referral category reflects concerns identified through both local safeguarding activity and learning from case reviews, and may indicate the continuing effects of social and economic challenges experienced by families across the region.

Referrals relating to Physical Abuse (48) and Unknown Concerns (30) also accounted for a significant proportion of safeguarding activity. Lower levels of referrals were recorded for Substance Misuse (Adult) (23)**,** Substance Misuse (Child) (20)**,** Other Concerns (13)**,** Sexual Abuse (11)**,** Emotional Abuse (10) and Child Sexual Exploitation (9)**.** There was one referral each relating to Female Genital Mutilation (FGM) and Fabricated or Induced Illness (FII).

The data demonstrates that parental factors, particularly adult mental health, domestic abuse and substance misuse, continue to feature prominently within safeguarding concerns. This reinforces the importance of maintaining a whole-family approach to safeguarding, ensuring that the needs of children are considered within the wider context of family circumstances and that appropriate early help and multi-agency interventions are provided where required.

Safeguarding Children Training

Mandatory Training Data Overview

Safeguarding children training remains a key priority for Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) and is delivered in partnership with the Learning and Development Team to ensure that staff have the knowledge, skills and confidence required to identify and respond effectively to safeguarding concerns.

The Safeguarding Team provides safeguarding children training across Levels 1, 2 and 3, tailored to the responsibilities and safeguarding requirements of different professional groups. Training content is regularly reviewed and updated to reflect national guidance, emerging safeguarding risks, local safeguarding priorities, learning from safeguarding referrals and incidents, and recommendations arising from local and national child safeguarding reviews.

A particular focus is placed on ensuring that staff understand their role in recognising vulnerability, sharing information appropriately, working within multi-agency safeguarding arrangements, and applying the Trust's Think Family approach when assessing the needs of children and young people.

The training programme also incorporates current themes and emerging issues affecting children and families, helping staff to identify risks at an earlier stage and respond with confidence. This supports the Trust's commitment to delivering effective safeguarding practice and improving outcomes for children, young people and their families.

SFHFT maintains a safeguarding training compliance target of **90%**, exceeding the national benchmark of **80%**. This higher standard reflects the Trust's commitment to safeguarding excellence and provides assurance that the workforce remains equipped to protect and promote the welfare of children and young people across all services. Through ongoing monitoring and targeted support, the Trust continues to maintain high levels of compliance and embed safeguarding as a fundamental component of safe and effective care.

Safeguarding children training is delivered through a combination of e-learning, face-to-face learning and mandatory training programmes to ensure staff develop and maintain the competencies required by the Intercollegiate Guidance.

Level 1 Safeguarding Children training is completed through e-learning and forms part of both the Trust induction and mandatory training programme.

Level 2 Safeguarding Children training is also delivered via e-learning and is completed through induction and mandatory training requirements.

Level 3 Safeguarding Children compliance is achieved through staff demonstrating completion of Level 3 safeguarding competencies over a three-year period. This may be gained through either internal or externally accredited training opportunities.

Within SFHFT, Level 3 requirements are supported through the Trust's mandatory training programme, which includes:

- Face-to-face **Think Family** safeguarding training.
- **PREVENT** training via the nationally approved e-learning programme.
- **Mental Capacity Act** training delivered through e-learning.

The combined completion of these elements over a three-year cycle ensures staff meet Intercollegiate safeguarding requirements whilst promoting consistency in safeguarding knowledge and practice across the organisation.

In addition, the Safeguarding Team delivers bespoke training sessions for individual wards, departments and professional groups. These sessions are tailored to the specific safeguarding challenges encountered within different clinical areas and provide opportunities for staff to explore safeguarding scenarios relevant to their day-to-day practice.

Safeguarding training also forms part of the Trust's corporate induction programme. Delivered face-to-face, this training provides assurance that newly appointed staff develop the essential safeguarding knowledge, skills and competencies required to identify and respond to safeguarding concerns within their first six weeks of employment at SFHFT.

Safeguarding training compliance across all levels increased during 2025/26, demonstrating the organisation's continued commitment to safeguarding as a key strategic and operational priority. This positive improvement reflects the robust training programme delivered by the Safeguarding Team, including contributions to the Trust's mandatory training and corporate induction programmes, alongside increased engagement from staff across all care groups. The continued focus on education and workforce development has helped strengthen safeguarding knowledge, skills, and confidence across the organisation, supporting staff to identify, respond to, and escalate safeguarding concerns effectively.

Safeguarding Children Supervision

Safeguarding children supervision is a structured process of professional support, reflection and learning that enables practitioners to develop their knowledge and skills, enhance professional judgement, and maintain accountability for safeguarding practice within a supportive environment.

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) has a well-established safeguarding supervision programme supported by a robust policy framework. Quarterly safeguarding supervision

is provided through a combination of group and individual sessions within clinical areas where safeguarding activity and complexity are known to be higher. These include:

- Sexual Health Services
- Specialist Paediatric Nursing Services
- Emergency Department and Urgent Treatment Centre
- Midwifery Services

In addition, the Safeguarding Team provides regular supervision and support to ward leaders working within paediatric inpatient and outpatient services, together with bespoke supervision sessions for individual practitioners when required.

The Trust also benefits from a monthly Peer Review Group, chaired by the Named and Designated Doctors for Safeguarding. This forum provides paediatric medical staff with the opportunity to review safeguarding cases, discuss complex decision-making, and scrutinise safeguarding documentation and medical reports to support learning and quality assurance.

Named Professionals for Safeguarding receive formal safeguarding supervision every three months from Designated Safeguarding Professionals within the Integrated Care Board (ICB), ensuring external professional support, challenge and oversight of safeguarding practice.

Throughout 2025/26, safeguarding supervision has continued to be delivered using a flexible approach. The majority of sessions have been facilitated through Microsoft Teams, which has improved accessibility and attendance rates by reducing barriers associated with time and location. However, face-to-face and hybrid supervision sessions have also been utilised where appropriate to promote engagement, reflective discussion and relationship building across the workforce.

The Trust remains committed to ensuring that staff have access to high-quality safeguarding supervision, supporting continuous professional development, reflective practice and the delivery of safe, effective care for children, young people and their families.

Contextual Safeguarding and Child Exploitation

Contextual Safeguarding continues to be a significant local and national priority, recognising that children and young people can experience harm in a range of environments beyond the family home. These risks may arise within peer groups, schools, communities and online spaces, where harmful relationships and experiences can contribute to abuse, violence and exploitation. This approach acknowledges that parents and carers may have limited influence over such environments and that safeguarding responses must therefore extend beyond traditional family-focused interventions.

Children and Young People at Risk of Exploitation

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) remains committed to identifying and safeguarding children and young people who may be at risk of exploitation. Whilst local data continues to show a gradual reduction in the number of children affected by exploitation across Nottinghamshire, child exploitation remains a key priority for the Nottinghamshire Safeguarding Children Partnership (NSCP), reflecting the significant and ongoing risks faced by vulnerable young people.

The Emergency Department (ED) and Urgent Treatment Centre (UTC) continue to utilise a screening tool for all children aged 10 years and over presenting to the service to identify potential indicators of exploitation and wider vulnerability. SFHFT remains one of a limited number of acute trusts to undertake routine screening in this way, demonstrating a proactive and preventative approach to recognising risk factors and safeguarding concerns at the earliest opportunity.

The screening tool is fully embedded within the clinical assessment process and is subject to regular audit through safeguarding documentation reviews to ensure compliance and effectiveness. During the reporting period, further enhancements were made to the tool through the inclusion of Child Criminal Exploitation (CCE) indicators, strengthening its ability to identify children who may be at risk of exploitation and ensuring a more comprehensive assessment of vulnerability. This work supports the Trust's commitment to early intervention, robust safeguarding practice, and improved outcomes for children and young people.

The Trust maintains active representation within the Multi-Agency Sexual Exploitation (MASE) arrangements, contributing to the identification, assessment and management of children at risk of exploitation. This involvement supports effective information sharing across partner agencies and helps ensure that safeguarding plans are coordinated and responsive to identified risks. Children and young people identified as being vulnerable to exploitation are appropriately flagged within Trust systems, enabling staff to undertake informed risk assessments and provide safe, effective care.

SFHFT has continued to work closely with safeguarding partners to support the delivery of the Nottinghamshire Child Exploitation Strategy. Through participation in multi-agency forums and strategic workstreams, the Trust contributes to the implementation of the 4P framework – Pursue, Protect, Prevent and Prepare. This approach aims to reduce harm, improve awareness, strengthen resilience and disrupt the activities of those who exploit children and young people.

During 2026/27, the Trust will continue to support local child exploitation priorities through active participation in strategic and operational partnership arrangements. Particular focus will be placed on further embedding contextual safeguarding principles across services, strengthening the identification of children at risk of exploitation, and addressing any gaps identified through audit, review and multi-agency learning. Through this work, SFHFT aims to ensure that vulnerable children and young people receive timely, effective safeguarding support and protection.

External Statutory Reviews

Child Safeguarding Practice Reviews (CSPRs) and Rapid Reviews

Child Safeguarding Practice Reviews (CSPRs) and Rapid Reviews are undertaken when a child has experienced serious harm or dies, and there is concern about how agencies worked together to safeguard and promote their welfare. These reviews seek to identify learning and drive improvements in safeguarding practice across the partnership.

During 2025/26, the Trust received eight requests for information to support external Rapid Reviews. In several cases, the Trust had no involvement with the child or family and submitted nil returns. Where involvement was identified, this was generally limited, and no significant concerns or specific learning relating to SFHT practice were identified.

One review considered whether delays in an Autistic Spectrum Disorder (ASD) assessment may have impacted the support available to a child who subsequently died. Following review through internal governance processes, including child death review and morbidity and mortality arrangements, it was concluded that the child and family had access to a broad range of support services across health, education, and social care. Professionals were satisfied that a high level of support had been in place and that the availability of services was not dependent on a formal autism diagnosis.

Throughout the year, the Trust continued to monitor the progress of the Local Child Safeguarding Practice Review relating to a young person who died by suicide whilst in foster care. Although no specific learning was identified for SFHT, the review reinforced the importance of maintaining professional curiosity and avoiding false reassurance where children are cared for within foster placements or other formal care arrangements.

One Rapid Review was subsequently escalated to a formal Child Safeguarding Practice Review due to concerns regarding multi-agency involvement and the significant harm experienced by the child. The Trust will contribute to the review through the completion of an Initial Management Review (IMR) and will identify and implement any learning arising from the process.

Although no significant Trust-specific learning was identified from reviews during the reporting period, recurring themes were evident across the safeguarding partnership. These included the importance of professional curiosity, professional scepticism, and the need for clear, contemporaneous documentation. In addition, one review highlighted the importance of ensuring compliance with the Trust's Was Not Brought (WNB) Policy when children do not attend outpatient appointments.

Learning from Rapid Reviews and CSPRs continues to be disseminated through safeguarding training, briefings, supervision, and governance processes to ensure that staff remain alert to safeguarding risks and that improvements in practice are embedded across the organisation.

FGM (Female Genital Mutilation)

The Named Midwife for Safeguarding continues to lead and support the Trust's response to Female Genital Mutilation (FGM), ensuring that Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) fulfils its statutory responsibilities under the Serious Crime Act 2015 and national safeguarding guidance. FGM remains an important component of the Trust's safeguarding agenda and continues to be embedded within the **Think Family** safeguarding training programme to ensure staff are able to recognise risk factors, identify concerns and respond appropriately.

The Trust has established guidance and processes to support the identification, reporting and safeguarding of children and adults affected by FGM, as well as the ongoing care of women who have previously undergone the procedure. Annual awareness communications are issued to staff ahead of the summer holiday period, when the risk of FGM may increase due to overseas travel. These communications reinforce the need for professional vigilance and remind staff of their responsibilities to take immediate safeguarding action where concerns are identified.

During 2025/26, the Trust continued to evaluate the effectiveness of its approach through a programme of audit and assurance activity. Early findings indicate that staff demonstrate a good level of awareness and understanding of Female Genital Mutilation (FGM); however, variation remains in the quality and consistency of documentation, together with staff confidence in initiating sensitive conversations with survivors of FGM.

A more detailed analysis of audit findings will be completed during 2026/27, with the full results informing a targeted improvement programme. This work will focus on enhancing staff knowledge, increasing confidence in assessment and enquiry, and ensuring the consistent application of safeguarding policies, procedures, and documentation requirements across the organisation.

FGM will remain a key safeguarding priority for the Trust, with a continued focus on raising awareness, strengthening prevention strategies, improving identification of risk, and ensuring timely safeguarding interventions to protect children and young people from harm.

Child Death Review

Overview

During 2025/26, the Child Death Review (CDR) Team continued to fulfil its statutory responsibilities under the Child Death Review Statutory and Operational Guidance (2018), ensuring that all child deaths involving children aged 0–18 years were reviewed appropriately and that learning was identified to improve outcomes for children and young people. The service continued to provide oversight of all child deaths across Nottinghamshire and maintained participation in the Joint Agency Response (JAR) process for sudden and unexpected child deaths.

A significant development during the year was the transfer of the Child Death Review Team from the Women and Children's Division into the Safeguarding and Vulnerabilities Team within the Corporate Division. This has strengthened links between safeguarding and child death review processes, enabling greater collaboration, shared learning and improved governance arrangements across safeguarding services.

Learning from Child Death Reviews

Learning from child deaths continued to be identified through local Paediatric Morbidity and Mortality meetings, Child Death Overview Panels (CDOPs), coronial processes and national thematic reviews. Throughout the year, learning themes included:

- Professional communication and information sharing.
- Recognition and management of preterm birth risks.
- Safe sleep practices and parental education.
- Timely escalation and referral processes.
- Compliance with clinical guidelines.
- Documentation standards.
- Recognition of vulnerability and safeguarding concerns.
- Bereavement support for children, young people and families.
- Cross-border communication between services and organisations.

Paediatric Morbidity and Mortality reviews consistently identified examples of excellent practice, including rapid emergency responses, high-quality documentation, effective multidisciplinary working, clear communication with families and appropriate recognition of treatment futility. Learning identified following reviews has been shared through clinical governance processes and incorporated into local improvement work.

Child Death Overview Panel (CDOP)

The Nottinghamshire Child Death Overview Panel continues to review and analyse child deaths across the system and contribute data to the National Child Mortality Database (NCMD). Throughout 2025/26, CDOP reviews identified a number of recurring modifiable factors associated with child deaths, including:

- Unsafe sleep environments and co-sleeping.
- Smoking and vaping during pregnancy.
- Parental smoking and substance misuse.
- Raised maternal BMI.
- Housing and environmental factors.
- Failure to follow clinical guidelines.
- Communication between agencies.
- Immunisation status.
- Wider social and vulnerability factors.

The identification of these factors continues to support preventative work across health and safeguarding services, with a particular focus on safer sleep education, smoking cessation, safeguarding awareness and early intervention approaches.

During the year, local and national concerns were also identified regarding an increase in fatal road traffic collisions involving young people aged 16–17 years, particularly involving e-bikes, motorbikes and cars. Work is ongoing through CDOP and partner agencies to better understand contributory factors and inform future preventative initiatives.

Training, Education and Workforce Development

Training and education have remained a key priority throughout 2025/26. The Lead Nurse for Child Death Review has delivered regular Child Death Review and Joint Agency Response training to staff working within Paediatric Emergency Care, Neonatal Services and Ward 25. This education has focused on ensuring staff understand statutory child death review requirements and their role within review processes.

The Trust has also continued to deliver safer sleep training, incorporating national guidance, lessons learned from local child deaths and practical tools to support conversations with families regarding safer sleeping arrangements. During the year, delivery of safer sleep education was further strengthened through collaboration with the Trust Safeguarding Midwife. Feedback from training sessions has been consistently positive.

In addition, the Child Death Review Team has continued to support multi-agency training programmes across the system, including annual Joint Agency Response training attended by health, police, social care and fire service professionals.

Audit and Quality Improvement

The Child Death Review Team has continued to oversee clinical audits arising from recommendations made within National Child Mortality Database thematic reports. These audits provide assurance that learning from child deaths is translated into tangible service improvements. Key areas of focus during 2025/26 included:

- Infection-related deaths in children and young people.
- Children and young people with life-limiting conditions.
- Understanding consanguinity-related child deaths.

Progress has been made against several national recommendations, including implementation of Martha's Rule and introduction of the Child Death Review Keyworker role. Work also continues to strengthen ReSPECT and advance care planning processes within paediatric services and progress proposals for specialist bereavement support.

Bereavement Support

A significant theme identified throughout the year has been the need for dedicated paediatric bereavement support within the Trust. This has been highlighted through local reviews, national guidance, complaints received from bereaved families and learning identified through CDOP reviews.

In response, the Head of Service for Safeguarding and Vulnerabilities and the Lead Nurse for Child Death Review have developed a business case for the introduction of a dedicated Paediatric Bereavement Nurse role. The proposal outlines the benefits for families, improvements to patient experience and the risks associated with not having a dedicated service. This remains a key area of escalation and development for the Trust moving into 2026/27.

The Child Death Review Team also continues to provide leadership within the Neonatal, Infant, Child and Young Person Bereavement Working Group. This group has been instrumental in improving bereavement care, sharing learning, developing guidance and implementing service improvements, including memory-making resources, care-after-death procedures and dedicated staff training resources.

Service Development

Throughout 2025/26, the Child Death Review Team has delivered a number of service improvements including:

- Integration of the Child Death Review Team into the Safeguarding and Vulnerabilities Service.
- Development of Child Death Review Standard Operating Procedures covering all stages of the review process.
- Creation of a Child Death Review Keyworker framework.
- Launch of a shared SFH/NUH Child Death Review SharePoint system to improve information sharing and efficiency.
- Development of Joint Agency Response training resources and videos.
- Review of service specifications and partnership arrangements with Nottingham University Hospitals NHS Trust.
- Development of new guidance relating to paediatric care after death.

Challenges and Risks

Whilst the service continues to perform well against statutory requirements, several risks remain. These include the absence of a dedicated paediatric bereavement service and the vulnerability of the Joint Agency Response on-call rota due to reliance on a small specialist workforce and gaps within the medical rota. Both risks have been formally escalated and are recorded on organisational risk registers.

Priorities for 2026/27

Key priorities for the coming year include:

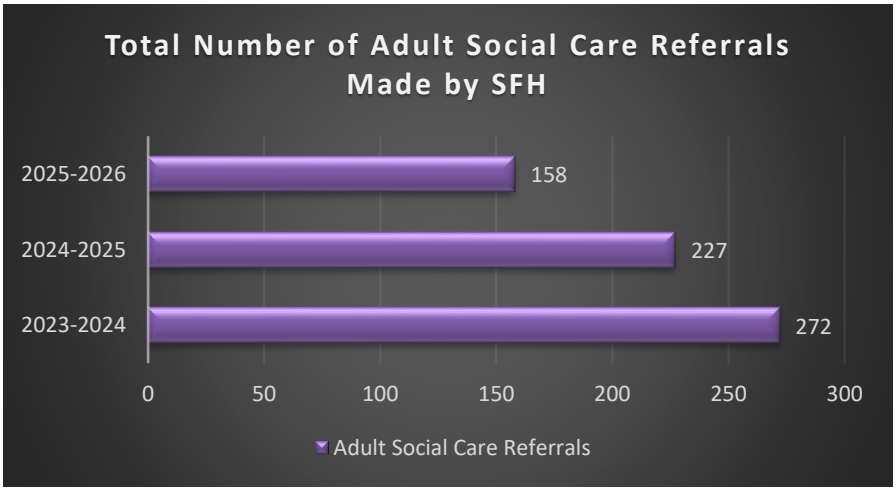
- Progressing approval of the Paediatric Bereavement Nurse business case.

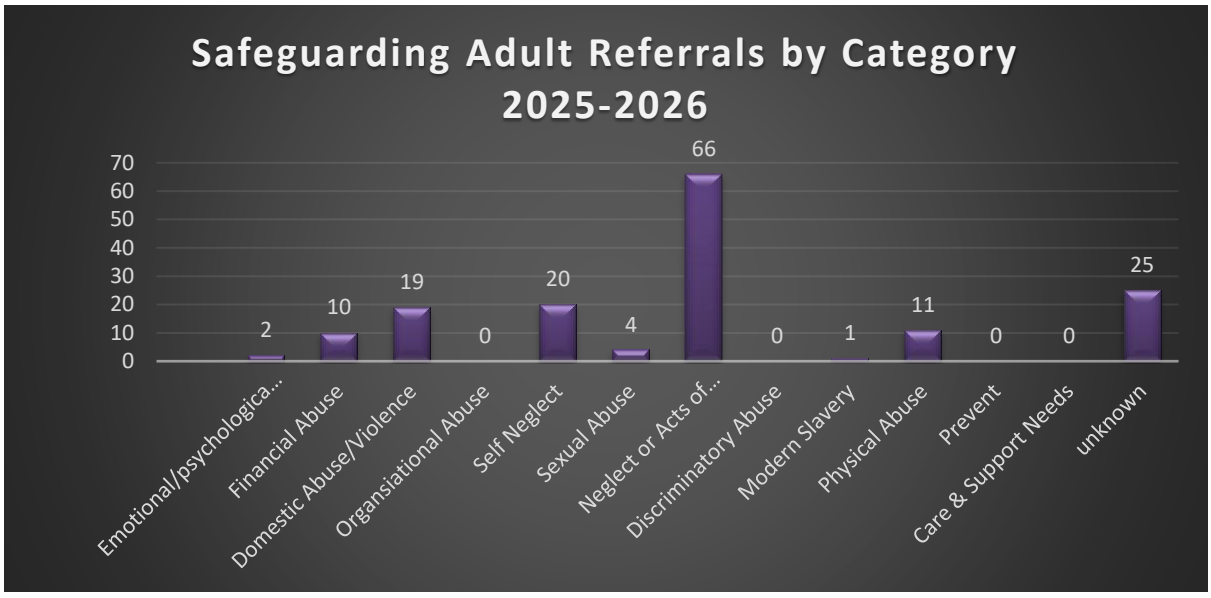
- Strengthening bereavement support available to children, young people and families.
- Continuing delivery of Child Death Review and safer sleep education.
- Embedding Child Death Review training within maternity education programmes.
- Implementing outstanding recommendations from NCMD audits and thematic reviews.
- Supporting development of national and local initiatives arising from road traffic collision reviews.
- Strengthening resilience within the Joint Agency Response rota.
- Continuing to improve information sharing and partnership working through the SFH/NUH Child Death Review service model.
- Ensuring learning from child deaths continues to inform service development and safeguarding practice across the organisation.

Overall, the Child Death Review service continues to provide effective oversight, leadership and assurance, ensuring that the voices of children and families remain at the centre of learning and that opportunities to prevent future child deaths are identified and acted upon.

Safeguarding Adults

Safeguarding Adult Referrals





The number of Adult Social Care referrals made by Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) has continued to decline over the last three years, reducing from **272 referrals in 2023/24**, to **227**

in 2024/25, and further to **158 in 2025/26**. This represents an overall reduction of **42%** over the three-year period.

This sustained decrease follows collaborative work between Nottinghamshire Multi-Agency Safeguarding Hub (MASH) and the SFHFT Safeguarding Team to improve the quality and appropriateness of safeguarding referrals. Previous reviews undertaken by MASH identified SFHFT as one of the organisations generating a comparatively high proportion of referrals that did not progress to further action. In response, targeted support and guidance have been provided to Trust staff to ensure referrals:

- Meet the appropriate safeguarding threshold.
- Clearly describe the adult's care and support needs and identified risks.
- Include consent from the adult at risk where appropriate and in line with legal and safeguarding requirements.

The reduction in referral numbers is therefore considered to reflect improved referral quality and decision-making rather than a reduction in safeguarding activity.

Analysis of referral categories during 2025/26 demonstrates that Neglect and Acts of Omission was the most frequently reported concern, accounting for 66 referrals (42%). This was followed by Unknown concerns (25 referrals), Self-Neglect (20 referrals) and Domestic Abuse/Violence (19 referrals). Other referral categories included Physical Abuse (11), Financial Abuse (10), Sexual Abuse (4), Emotional/Psychological Abuse (2) and Modern Slavery (1). No referrals were recorded under the categories of Organisational Abuse, Discriminatory Abuse, Prevent, or Care and Support Needs.

The prominence of neglect and self-neglect referrals remains consistent with national and local safeguarding trends and highlights the ongoing need for professional curiosity, early identification of vulnerability and effective multi-agency working to mitigate risk for adults with care and support needs.

The Safeguarding Team will continue to work closely with Nottinghamshire MASH and Adult Social Care colleagues to monitor referral activity, review outcomes, and ensure that changes in referral rates are understood and appropriately interpreted. Ongoing oversight of referral quality will support continued improvements in safeguarding practice and ensure that adults most at risk receive timely and proportionate interventions.

Safeguarding Adult Training

Mandatory Training Data Overview

Safeguarding adults training is a fundamental component of the Trust's commitment to protecting adults at risk and promoting a culture of safety, prevention and early intervention. Delivered in partnership with the Learning and Development Team, the training programme ensures that staff are equipped with the knowledge, skills and confidence required to recognise, respond to and report safeguarding concerns effectively.

The Safeguarding Team delivers Levels 1, 2 and 3 safeguarding adults training, tailored to the roles and responsibilities of different staff groups. Training content is regularly reviewed to reflect changes in legislation, national guidance and best practice, as well as learning identified through safeguarding referrals, incidents, Safeguarding Adult Reviews (SARs), domestic homicide reviews and local partnership audits.

A key focus of the programme is supporting staff to understand the principles of the Care Act 2014, Making Safeguarding Personal, the Mental Capacity Act, self-neglect, domestic abuse, exploitation, modern slavery and the importance of multi-agency working. Training also promotes a person-centred approach, ensuring that the wishes, views and desired outcomes of adults at risk remain central to safeguarding decision-making.

The Trust has set a safeguarding training compliance target of **90%**, exceeding the national benchmark of **80%**. This reflects the organisation's commitment to maintaining a highly skilled workforce and providing assurance that staff are able to recognise safeguarding concerns, respond appropriately to risk, and contribute to positive outcomes for adults with care and support needs.

Through ongoing monitoring, quality assurance and continuous review of training content, the Trust seeks to ensure that safeguarding adults remains embedded within everyday practice and that staff are well prepared to respond to the increasingly complex safeguarding challenges encountered across health services.

Level 1 Safeguarding Adults training is completed using E-Learning delivery through induction and mandatory training programmes.

Level 2 Safeguarding Adults training is also delivered via E-Learning through Mandatory Training and induction.

Level 3 Safeguarding Adults training compliance is gained through staff evidencing completion of a full day's level 3 training every three years. This can be through available internal or external courses.

Internally level 3 safeguarding training is delivered via the Trust mandatory training programme which consists of an hour face to face Think Family training, PREVENT: using the nationally approved E-Learning platform and Mental Capacity Act Training via E-Learning. The combination of these three elements on a yearly basis will ensure staff meet the intercollegiate requirements over a 3-year period and will support consistency in compliance across the organisation. The safeguarding team also offer bespoke training sessions for wards and departments, this allows training to be tailored to specific areas enabling staff to work through cases they come across day to day within their own working environments.

The Safeguarding induction training is delivered face to face and forms part of the trust induction programme. This provides level 3 competencies and assurance that all new staff to the organisation have the required safeguarding knowledge and skills within the first 6 weeks of starting employment with SFH.

Safeguarding Adult training compliance remained a significant achievement during 2025/26, with all training levels exceeding 97% compliance. The Trust achieved 99% compliance for Safeguarding Adults Level 1, 97% for Level 2, and 98% for Level 3, demonstrating a highly trained workforce with the knowledge and skills required to identify, respond to, and escalate safeguarding concerns appropriately.

These results represent a substantial improvement on previous years and provide strong assurance that safeguarding responsibilities are well embedded across the organisation. The consistently high compliance rates reflect the Trust's continued commitment to safeguarding, supported by effective monitoring arrangements, accessible training opportunities, and the ongoing work of the Safeguarding Team through mandatory training programmes, corporate induction, and targeted education sessions.

The improvement seen across all levels is particularly encouraging given the increasing complexity of safeguarding practice and the growing demands placed on frontline staff. Achieving and sustaining compliance rates above 95% demonstrates strong organisational engagement and reinforces the Trust's commitment to ensuring that safeguarding remains a core component of safe, high-quality patient care.

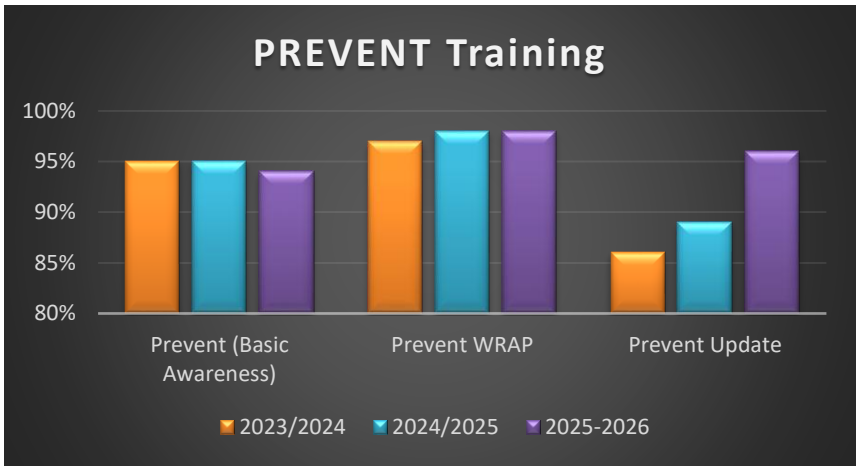
During 2026/27, the Trust will continue to focus on maintaining these high levels of compliance while ensuring that training content reflects emerging safeguarding risks, local and national learning, and changes in legislation and best practice.

PREVENT

Prevent forms part of the Government's counter-terrorism strategy, CONTEST, and aims to identify and support individuals who may be vulnerable to radicalisation or exploitation by extremist groups. Healthcare staff are uniquely placed to recognise potential vulnerabilities and contribute to early intervention and safeguarding responses.

Within Sherwood Forest Hospitals NHS Foundation Trust (SFHFT), all clinical staff are required to complete Prevent and WRAP (Workshop to Raise Awareness of Prevent) training as part of their induction and mandatory training requirements. Following initial training, staff receive an annual update and refresher every 3 years through the nationally approved e-learning package. Non-clinical

staff undertake Prevent Basic Awareness Training, alongside the annual update and refresher training completed every three years.



PREVENT training compliance remained strong during 2025/26, with all training requirements exceeding 94% compliance. Basic Awareness achieved 94%, WRAP training 98%, and Prevent Update training 96%.

The most significant improvement was seen in Prevent Update training, which increased from 89% in 2024/25 to 96% in 2025/26, demonstrating an increased focus on ensuring staff remain up to date with emerging risks and current guidance. WRAP compliance also remained exceptionally high at 98%, providing assurance that staff in key roles have the knowledge and skills required to identify and respond to concerns relating to radicalisation and extremism.

Overall, the results reflect the Trust's continued commitment to meeting its Prevent responsibilities and maintaining a workforce that is confident in recognising and responding to safeguarding risks.

Modern Slavery

Modern Slavery is recognised as a specific category of abuse under the Care Act 2014 and encompasses the recruitment, transportation, transfer, harbouring or receipt of children and adults through coercion, force, deception, abuse of power or exploitation of vulnerability. Victims may be trafficked within the United Kingdom or across international borders for a range of exploitative purposes, including forced labour, domestic servitude, criminal exploitation, sexual exploitation and organ harvesting.

The Modern Slavery Act 2015 identifies modern slavery as both a national and local safeguarding priority. As such, Safeguarding Adults Boards require assurance that organisations have effective arrangements in place to enable staff to recognise potential indicators of modern slavery, respond appropriately to concerns and make timely referrals to relevant agencies. In accordance with Section 54 of the Modern Slavery Act, Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) publishes an annual Modern Slavery Statement, setting out the actions taken to identify, prevent and mitigate risks of modern slavery within both operational services and supply chains.

SFHFT staff may come into contact with individuals who have experienced, or are currently experiencing, modern slavery and human trafficking. To support effective identification and intervention, modern slavery forms a key element of the Trust’s safeguarding education programme, including the Think Family training approach. This ensures that staff are equipped with the

knowledge and skills required to recognise potential indicators of exploitation and take appropriate safeguarding action.

During 2025/26, the Trust has continued to strengthen its approach to modern slavery through the development of its annual Modern Slavery Statement and ongoing review of emerging risks. The Trust remains committed to maintaining awareness of potential exploitation within both clinical services and wider organisational activities.

A continued focus will be placed on ensuring that staff understand their responsibilities in identifying and responding to suspected cases of modern slavery and other forms of exploitation, supporting early intervention and improving outcomes for individuals who may be vulnerable to abuse, trafficking or exploitation.

Making Safeguarding Personal (MSP), Lived Experience & Co Production

Making Safeguarding Personal (MSP) continues to be a key priority and a fundamental principle of safeguarding practice within Sherwood Forest Hospitals NHS Foundation Trust (SFHFT). The Safeguarding Team remains committed to promoting a person-centred approach, ensuring that safeguarding interventions focus on the outcomes that matter most to individuals and support them to remain actively involved in decisions affecting their lives.

The Trust continues to strengthen approaches that provide assurance regarding safeguarding standards while promoting high-quality care, support and treatment for adults with care and support needs. Central to this approach is recognising and respecting the wishes, views and experiences of the individual, ensuring that safeguarding activity is undertaken with people rather than to them wherever possible.

The Trust acknowledges that obtaining feedback from individuals with lived experience of safeguarding can be challenging, as many people may be reluctant to revisit or discuss difficult experiences. However, during 2026/27, the Safeguarding Team will explore opportunities to enhance engagement with people who have experienced safeguarding processes and to develop services through greater co-production. This will help ensure that lived experience informs service improvement, influences future developments and strengthens the Trust's person-centred approach.

As SFHFT moves forward, continued emphasis will be placed on embedding Making Safeguarding Personal across all safeguarding activity. MSP will remain a core component of the Trust's Think Family approach, ensuring that the voice, wishes and desired outcomes of individuals are central to safeguarding decision-making, assessment, intervention and care planning. Through this commitment, the Trust aims to support meaningful engagement, improve experiences of safeguarding and achieve outcomes that are important to the people receiving support.

External Statutory Reviews

Safeguarding Adult Reviews (SARs)

Sherwood Forest Hospitals NHS Foundation Trust (SFHT) has a statutory duty to participate in Safeguarding Adult Reviews (SARs) where the Trust has been involved in the care and support of an

adult who is the subject of the review. The Trust works collaboratively with partner agencies to contribute information, identify learning, and support recommendations arising from these independent multi-agency reviews.

Safeguarding Adult Reviews (SARs) are commissioned when concerns are identified regarding potential multi-agency failings in the care and support provided to an adult with care and support needs. Reviews are undertaken independently to identify learning, strengthen inter-agency working, and improve outcomes for adults at risk.

During the reporting year, there were no completed or published SARs that identified concerns relating to Sherwood Forest Hospitals NHS Foundation Trust. The Trust remained engaged with safeguarding partners across Nottinghamshire and contributed to requests for information where required.

A jointly commissioned review involving adult and children's services remained in draft form throughout the year. The review related to an individual who died by suicide whilst receiving care within an adult mental health service. Although the individual had attended King's Mill Hospital, an initial review of the draft recommendations did not identify any specific concerns or actions for the Trust. Publication of the report is due next year.

The Trust also received requests for information relating to potential SARs during the year. One case did not progress to a formal review and involved an individual with no attendance at the Trust. In addition, two non-statutory SARs were ongoing within the wider safeguarding system but were not known to the Trust and did not require Trust involvement.

One new SAR notification was received during the year, requiring the Trust to consider and share relevant information as part of the review process. No further SAR referrals were received by year end.

Overall, SAR activity remained low during the reporting period. The Trust continued to fulfil its statutory responsibilities by supporting multi-agency review processes, responding to information requests in a timely manner, and ensuring that any emerging learning is reviewed through established safeguarding governance arrangements.

Domestic Abuse

During 2025/26, the Trust continued to commission a Hospital Independent Domestic Violence Advisor (IDVA) service through Nottinghamshire Women's Aid. The Hospital IDVA remains integral to the Trust's response to domestic abuse, providing specialist advice, support and advocacy for patients, families and staff, whilst strengthening the organisation's wider safeguarding response.

Key priorities throughout the year have included:

- **Supporting Staff Practice** – Increasing staff awareness, knowledge and confidence in recognising and responding to domestic abuse, including the identification of high-risk cases and appropriate referral pathways.

- **Safe Care Transitions** – Facilitating safe discharge planning and effective transitions between hospital and community services, ensuring that survivors and their families receive appropriate support when risks are identified.
- **Improving Outcomes** – Promoting better outcomes for adults, children and families affected by domestic abuse through timely intervention and a whole-family approach to safeguarding.
- **MARAC Participation** – Supporting referrals to the Multi-Agency Risk Assessment Conference (MARAC) and contributing to effective multi-agency risk management for high-risk victims.
- **Service Development** – Progressing the Trust's Domestic Abuse Action Plan, ensuring alignment with local and national priorities and embedding learning from Domestic Homicide Reviews and safeguarding reviews.

Supporting Trust Staff

The Hospital IDVA has continued to provide valuable support to Trust staff experiencing domestic abuse, alongside advice and guidance to managers responding to disclosures within the workplace. This work has contributed to increasing confidence among managers and improving awareness of the support available to employees.

However, during 2025/26 the service experienced a period of transition due to staff changes, resulting in a temporary gap in provision while experienced staff left the service and new staff members were recruited and inducted. Whilst this presented some challenges in maintaining continuity, arrangements were implemented to minimise disruption and ensure that support remained available where required.

As new staff become established within their roles, a priority for 2026/27 will be to further strengthen the domestic abuse offer across the Trust. This will include rebuilding service capacity, enhancing staff awareness, continuing the review of organisational processes, and ensuring that both patients and staff have timely access to specialist domestic abuse support.

The Trust remains committed to fostering a culture where staff feel safe and supported to disclose domestic abuse and seek assistance. Strengthening this provision will continue to be a key priority as part of the wider safeguarding and wellbeing agenda.

MARAC Engagement

The Trust continues to be represented at MARAC Steering Group meetings, ensuring that the acute provider perspective contributes to the development and oversight of local multi-agency domestic abuse arrangements.

During 2025/26, there continued to be a notable increase in requests for information and contributions to Multi-Agency Risk Assessment Conferences (MARACs). This reflects growing recognition of the valuable role healthcare organisations play in identifying and managing risk associated with domestic abuse. The increase in activity has placed additional demands on safeguarding resources within the Trust, requiring careful management and prioritisation to ensure continued effective participation alongside other safeguarding responsibilities and local service demands.

External Statutory Reviews

Domestic Abuse Related Death Reviews (DARDRs)

During the reporting period, the national transition from Domestic Homicide Reviews (DHRs) to Domestic Abuse Related Death Reviews (DARDRs) was implemented following the enactment of the Victims and Prisoners Act 2024. The change reflects a broader understanding of domestic abuse-related deaths, including those resulting from suicide and non-physical forms of abuse such as coercive and controlling behaviour. Sherwood Forest Hospitals NHS Foundation Trust continues to meet its statutory responsibilities in relation to DARDRs by engaging with multi-agency review processes, contributing information where appropriate, and embedding learning to improve safeguarding practice

During 2025/26, SFHFT received 13 requests for information relating to ongoing multi-agency reviews. The Trust was involved in the majority of these cases, although in some instances this involvement was limited to a single presentation or episode of care during the review scoping period.

Of the 13 reviews, five related to suspected deaths by suicide, two involved murder or manslaughter, and five related to unexplained deaths. This reflects the increasingly broad scope of statutory review processes and the importance of understanding the wider circumstances surrounding vulnerability, risk, and safeguarding across health and partner agencies.

The profile of cases reviewed has also highlighted an increase in the number of male victims who are the subject of safeguarding and domestic abuse-related reviews. Whilst each case represents a tragic loss of life, this trend serves to reinforce the importance of recognising that men can also experience significant harm, abuse, and vulnerability, and that services must remain responsive to the needs of all victims and survivors.

At the time of reporting, no immediate actions have been identified that require organisational escalation. However, review findings continue to highlight a number of recurring themes that are consistently identified across local and national reviews. These include:

- Professional curiosity and the need for practitioners to actively explore and challenge concerns, rather than accepting circumstances at face value.
- Routine enquiry and the importance of consistently asking about abuse, neglect, vulnerability, and wider psychosocial factors across all clinical settings.

SFHFT has undertaken significant work throughout the year to strengthen practice in these areas, including:

- Delivery of targeted safeguarding education and training sessions.
- Development and dissemination of safeguarding 7-minute briefings.
- Sharing learning through ward huddles, team meetings, and governance forums.
- Ongoing promotion of professional curiosity and routine enquiry through safeguarding advice, supervision, and case discussions.

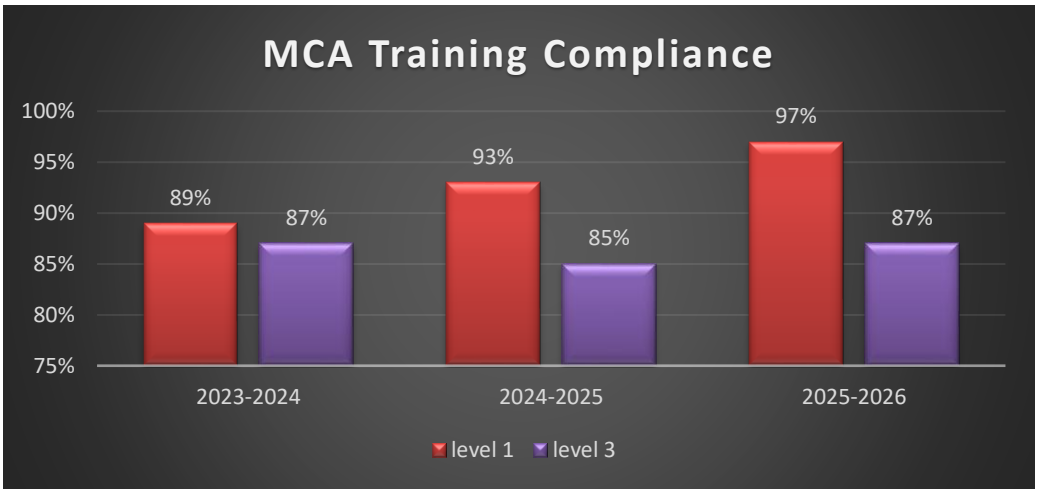
During 2026/27, the Trust will continue to embed learning from reviews, strengthen staff confidence in recognising and responding to safeguarding concerns, and work with system partners to ensure

that opportunities for learning translate into sustainable improvements in practice and patient safety.

9.Mental Capacity Act (MCA) & Deprivation of Liberty Safeguards (DoLS)

The Trust remained committed throughout 2025/26 to ensuring compliance with the Mental Capacity Act 2005 and promoting the rights of patients who may lack capacity to make specific decisions. The MCA/DoLS Steering Group, chaired by the Associate Medical Director, continued to oversee delivery of the MCA development plan, incorporating actions arising from previous assurance reviews, incidents, audits and learning from practice. Significant progress has been made during the year, with a strong focus on improving documentation, staff knowledge, audit processes and governance arrangements.

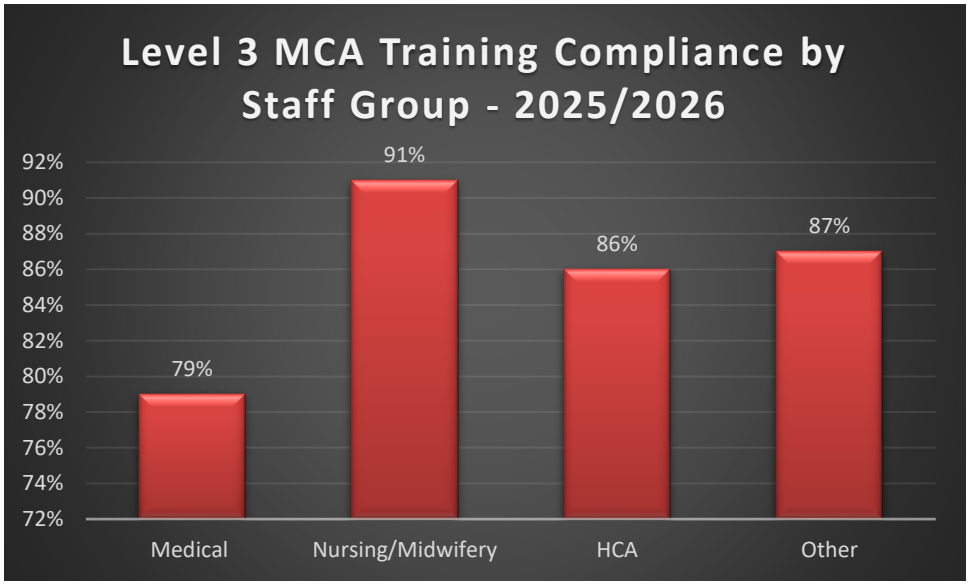
MCA Training Compliance.



MCA training compliance during 2025/26 demonstrates a mixed picture across training levels. Level 1 compliance reached **97%**, its highest level over the three-year period and a significant improvement from 93% in 2024/25 and 89% in 2023/24. This provides strong assurance that the majority of staff have received the fundamental training required to understand and apply the principles of the Mental Capacity Act in practice.

In contrast, **Level 3 compliance remained at 87%**, showing an improvement from 85% in 2024/25 but remaining below the Trust's target compliance level. As Level 3 training is aimed at staff working in roles with greater responsibility for capacity assessments, best-interest decision making, and deprivation of liberty considerations, this remains an area for continued focus.

Overall, the results highlight excellent progress in embedding core MCA knowledge across the wider workforce, with Level 1 compliance achieving an outstanding result. Priority during 2026/27 will be to build on this success by improving Level 3 compliance, ensuring that staff in specialist and decision-making roles maintain the knowledge and skills required to support patients who may lack capacity and to meet statutory responsibilities under the Mental Capacity Act.



Whilst overall Level 3 MCA training compliance improved slightly during 2025/26 to **87%**, performance varies considerably across staff groups and highlights the areas that continue to impact overall compliance.

Nursing and Midwifery staff achieved the highest compliance rate at 91%, demonstrating strong engagement with MCA training requirements and reflecting the importance of the Mental Capacity Act within day-to-day clinical decision-making. This performance is close to the Trust target and provides assurance that the largest staff group requiring Level 3 training has a good level of compliance.

Medical staff recorded the lowest compliance at 79%, making this the most significant contributor to the Trust's overall Level 3 compliance remaining below target. Given the key role medical staff play in capacity assessments, best interest decision-making and consent processes, improving compliance within this group will be a priority for 2026/27.

Healthcare Assistants (HCAs) achieved 86% compliance, while the **'Other' staff group achieved 87%**, both demonstrating moderate performance but remaining below the desired compliance threshold. These results suggest that further targeted support and monitoring may be required to increase completion rates amongst these staff groups.

Overall, the data indicates that the Trust's Level 3 compliance position is being driven by variation between professional groups rather than a universal training issue. Whilst Nursing and Midwifery staff have achieved relatively high compliance, improvements are required across Medical, HCA and Other staff groups to ensure a consistently skilled workforce and strengthen compliance with the Mental Capacity Act across the organisation. Focused engagement with these staff groups will support the Trust in achieving its compliance target and further strengthen MCA practice during 2026/27.

Audit & Development Plan Work

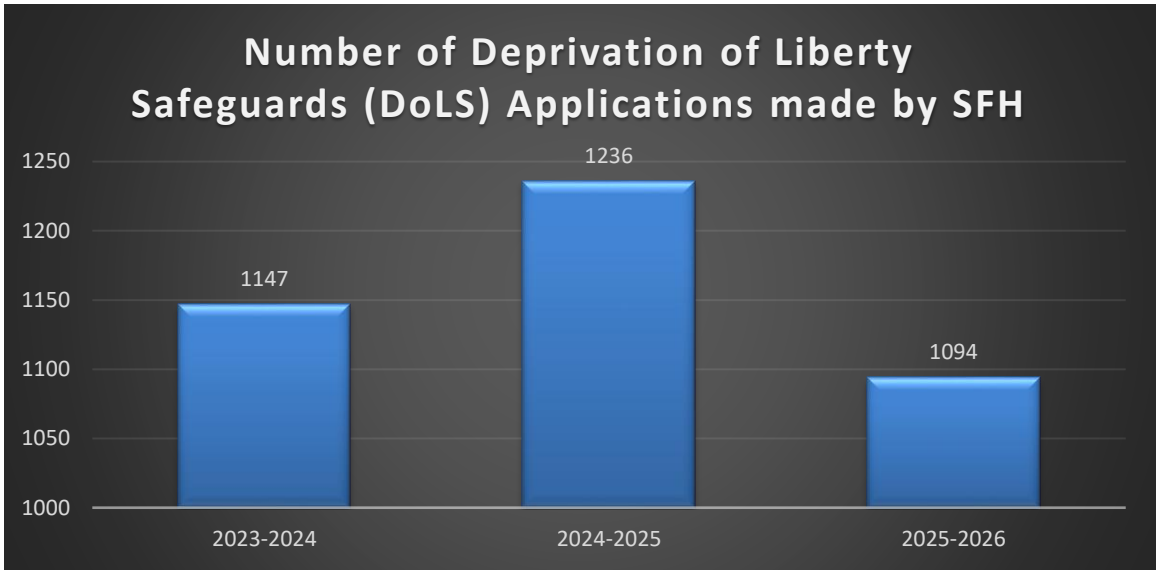
During 2025/26, the Trust introduced updated MCA documentation and strengthened communication to staff regarding MCA processes and requirements. Further work was undertaken in collaboration with the Discharge Team to improve the assessment of capacity and best-interest

decision-making within discharge pathways, particularly following learning from coronial investigations and internal reviews.

A significant programme of audit activity was undertaken throughout the year. Audit compliance improved steadily, increasing from 50.8% at the start of the year to 85.1% by Quarter 4, supported by increased divisional engagement and greater numbers of records reviewed. The retrospective annual audit demonstrated that staff were generally effective at identifying patients who required consideration under the MCA framework, particularly older adults, patients with cognitive impairment, those subject to enhanced observations, and those receiving DoLS. However, the audit also identified ongoing challenges relating to documentation quality, evidencing decision-making processes, and demonstrating legal defensibility within clinical records.

Learning arising from incidents, audits and governance reviews continued to identify recurring themes relating to capacity assessments, best-interest decision-making, discharge planning, covert medication, and documentation standards. In response, the Trust refreshed mandatory MCA training packages and continued delivery of MCA education through ED Essentials, Preceptorship programmes and bespoke departmental training sessions. Further work is planned during 2026/27 to better understand barriers to completing MCA documentation and to support the development of documentation that is both legally robust and clinically practical.

Deprivation of Liberty Safeguards (DoLS)



The Trust continues to have a key role in identifying patients who may be deprived of their liberty and ensuring that appropriate legal safeguards are in place. During 2025/26, a total of **1,094 DoLS applications** were submitted by the Trust, compared with 1,236 in 2024/25. Whilst this represents an overall reduction in activity, the volume of applications remains significant and reflects the continuing complexity of caring for patients who lack capacity within an acute hospital setting.

Medicine remained the division responsible for the largest proportion of DoLS applications throughout the year, reflecting the high number of patients with cognitive impairment, frailty and complex decision-making needs cared for within these services. The majority of applications originated from King's Mill Hospital, with additional applications submitted from Newark and Mansfield Community Hospitals.

During the year, the Trust identified several areas requiring improvement in relation to DoLS practice. Audit work highlighted recurring issues including incomplete applications, insufficient information regarding restrictions, communication needs and interested persons, and inconsistencies in documentation supporting deprivation of liberty decisions. In addition, a number of incidents highlighted unlawful periods of deprivation due to missed reviews, site transfers, delays in applications or misunderstandings regarding legal requirements. These incidents provided valuable learning opportunities and reinforced the importance of maintaining robust safeguards and oversight arrangements.

In response, the Trust developed a dedicated DoLS quality audit, strengthened communications to staff, and commenced plans for a focused DoLS training programme aimed at improving both the quality of applications and staff understanding of the legal framework. This work was informed by a training needs analysis which identified a gap in specific DoLS education across the organisation.

The Trust also continued to monitor national developments relating to the planned implementation of Liberty Protection Safeguards (LPS), which are expected to replace the current DoLS framework in the future. Preparatory work will continue during 2026/27 to ensure the organisation is well positioned to respond to any legislative changes and implement revised statutory requirements when introduced.

Priorities for 2026/27

Key priorities for the coming year include:

- Improving Level 3 MCA training compliance, particularly amongst medical staff.
- Enhancing the quality and consistency of MCA documentation and best-interest decision-making records.
- Implementing a Trust-wide DoLS training programme.
- Embedding the new MCA and DoLS audit processes to strengthen assurance and oversight.
- Working with clinical and discharge teams to improve decision-making relating to capacity and discharge planning.
- Preparing for future changes associated with Liberty Protection Safeguards (LPS).
- Exploring opportunities to develop electronic MCA documentation within the Electronic Patient Record system.

10. Learning Disability

Overview

During 2025/26, Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) continued to strengthen its approach to the care of patients with learning disabilities through the work of the Learning Disability (LD) Specialist Nurse. The service has provided expert clinical advice, advocacy, education, and leadership, ensuring that patients receive safe, equitable and person-centred care in accordance with national standards and legislation. Activity throughout the year has focused on improving patient identification, embedding reasonable adjustments, supporting clinical decision-making, enhancing staff knowledge, and reducing health inequalities experienced by people with learning disabilities.

The increasing number of referrals to the LD Specialist Nurse throughout the year reflects improving recognition of the needs of this patient group and demonstrates growing engagement from clinical teams seeking specialist advice and support.

Patient Identification, Flagging and Reasonable Adjustments

A significant area of focus during 2025/26 has been ensuring that patients with learning disabilities are identified at the earliest opportunity and that appropriate reasonable adjustments are implemented throughout their care pathway.

The LD Specialist Nurse has continued to work collaboratively with operational and digital teams to strengthen alert systems across SystmOne, CareFlow and Nerve Centre. When patients with a confirmed or suspected learning disability attend the Trust, records are reviewed to ensure that alerts are in place, the level of disability is clearly documented, and reasonable adjustments are identified and communicated to clinical teams. This enables staff to tailor care appropriately and minimise barriers to accessing services.

The Trust has also continued to utilise personalised "front-of-house" plans within the Emergency Department. These traffic-light style summaries provide immediate information regarding communication needs, behavioural considerations, support requirements, and key contacts. This approach enables staff to rapidly understand a patient's needs and make adjustments from the point of arrival. Following the implementation of Nerve Centre, work is underway to incorporate these plans electronically, improving accessibility and ensuring that critical patient information is readily available across clinical areas.

This work supports the Trust's wider commitment to reducing health inequalities and ensuring that patients with learning disabilities receive care that is responsive, accessible and tailored to their individual needs.

Learning Disability and Autism Training

The Health and Care Act 2022 introduced mandatory learning disability and autism training requirements for health and care staff. SFHFT has continued to demonstrate its commitment to workforce development by incorporating the Oliver McGowan Mandatory Training e-learning package into the Trust's mandatory training programme, replacing the previous in-house learning disability training package.

The implementation of the Oliver McGowan programme has presented challenges nationally and locally. These have included limited availability of commissioned Tier 1 and Tier 2 training places through the Integrated Care Board, difficulties releasing staff to attend full-day training sessions due to operational pressures, and uncertainty regarding ongoing funding arrangements beyond April 2026.

Recognising these challenges, the LD Specialist Nurse proactively developed and implemented an interim e-learning package to support staff knowledge and ensure continued compliance with training requirements. In addition, SFHFT has engaged with partner organisations across the local health economy to explore collaborative training models that provide a sustainable solution for future delivery. Several options have been developed and presented through Trust management structures for consideration.

Training compliance remained stable throughout the year and improved from 86% to 88% by year-end. Whilst further improvement is required, this demonstrates continued staff engagement despite the challenges associated with national training implementation.

Supporting the Mental Capacity Act and Best Interest Decision-Making

The Learning Disability Specialist Nurse continues to play a pivotal role in supporting the implementation of the Mental Capacity Act (MCA) across the organisation. Patients with learning disabilities are often involved in complex decision-making processes and may require additional support to maximise capacity and participation in decision-making.

Throughout the year, the LD Specialist Nurse has provided direct support to patients, families and clinical teams involved in complex capacity assessments and Best Interest decisions. This has included attending multidisciplinary meetings, supporting communication with patients and carers, and ensuring that decisions are made lawfully and in accordance with MCA principles.

The LD Specialist Nurse has also continued to strengthen links between hospital and community learning disability services, ensuring that valuable information about patient communication needs, behavioural support strategies and care preferences is available to acute clinicians. The ongoing promotion of learning disability care plans and traffic-light documents has helped improve continuity of care and supported person-centred decision-making.

Where patients have required restrictions on their liberty to maintain their safety and wellbeing, the LD Specialist Nurse has worked alongside wards and the safeguarding team to ensure that appropriate DoLS processes and safeguards are considered and implemented.

NHS Learning Disability Improvement Standards

The Trust has continued to participate in the NHS England Learning Disability Improvement Standards programme, which provides a national benchmark for the quality of care delivered to people with learning disabilities and autism. The LD Specialist Nurse coordinated the collection and submission of year seven data on behalf of the Trust.

Participation in this programme enables SFHFT to assess its performance against national standards, identify areas for improvement, and demonstrate progress in reducing health inequalities experienced by this population. Following receipt of the Trust-specific benchmarking report, a detailed action plan will be developed and monitored through the Safeguarding & Vulnerability Committee to drive continued service improvement.

ReSPECT, DNACPR and Ethical Decision-Making

The Learning Disability Specialist Nurse continues to provide professional oversight and challenge within ReSPECT and DNACPR processes to ensure patients with learning disabilities are treated fairly and equitably.

Throughout the year, the Specialist Nurse has reinforced the national principle that a diagnosis of learning disability should never be used as a reason to withhold CPR or as justification for a DNACPR decision. Education and support have been provided to clinical teams to ensure that decisions are based upon the patient's clinical condition, prognosis and individual circumstances rather than disability status.

The Specialist Nurse also continues to contribute to the ReSPECT Steering Group, providing specialist advice and supporting the Trust's commitment to lawful, ethical and person-centred care.

Referral Activity and Service Demand

Demand for specialist support remained high throughout 2025/26. The LD Specialist Nurse received 299 referrals relating to patients with learning disabilities requiring advice, support, advocacy or input regarding reasonable adjustments.

Referral activity increased throughout the year, peaking in Quarter 3 with 88 referrals. This trend reflects increasing awareness amongst clinical teams and improved identification processes across the organisation. The sustained volume of referrals also demonstrates the value placed on specialist learning disability input within clinical services.

Learning Disabilities Mortality Review (LeDeR)

The Learning Disability Specialist Nurse has continued to work closely with the Integrated Care Board and the Learning Disabilities Mortality Review (LeDeR) programme throughout the year.

LeDeR reviews remain an important mechanism for identifying learning from the care and treatment of people with learning disabilities who have died. The programme continues to highlight the significant health inequalities experienced by this population and the need for ongoing improvement in health services.

The Specialist Nurse receives anonymised learning from completed LeDeR reviews and disseminates findings through Trust governance structures, including the Learning from Deaths Group. This approach ensures that examples of good practice are recognised and that opportunities for improvement are identified and translated into service development activity.

Complex Case Management and Specialist Clinical Support

The Learning Disability Specialist Nurse has provided support and leadership in a number of highly complex cases throughout the year. This has included supporting difficult discharge processes, attendance at best interest meetings, liaison with community providers, coordination with carers and families, and collaborative working with multidisciplinary teams.

Specialist support has also been provided to theatre services, anaesthetic teams, discharge coordinators, bereavement services and the Patient Experience Team to ensure that patients with learning disabilities and autism receive appropriate adjustments throughout their care journey. Positive outcomes have been achieved in a number of complex anaesthetic and discharge cases where early specialist involvement helped to reduce barriers to care and improve patient experience.

The LD Specialist Nurse has continued to act as a key advocate for patients with learning disabilities and autism, ensuring that reasonable adjustments remain central to clinical care and that this population receives the same protection, dignity and quality of care as all other patients.

Autism Services

The Trust recognises that further work is required to develop a more effective and sustainable approach to supporting autistic patients. Whilst the Learning Disability Specialist Nurse provides advice and support to autistic patients where required, the role was primarily established to support people with learning disabilities and does not have the capacity to provide a dedicated autism service across the organisation.

Throughout 2025/26, support for autistic patients has largely focused on promoting reasonable adjustments, improving patient identification through alert systems, supporting staff with specialist advice, and contributing to the implementation of the Oliver McGowan Mandatory Training requirements. These measures have helped to increase awareness of autism and improve the experience of some patients attending the Trust.

However, the Trust acknowledges that autism is a distinct condition and that autistic patients have specific needs which may differ from those of people with learning disabilities. As demand for support continues to increase, there is recognition that the current model does not provide the capacity to deliver comprehensive specialist support to all autistic patients who may benefit from it.

During 2026/27, the Trust will continue to explore opportunities to strengthen support for autistic patients, improve staff knowledge and confidence, and work with system partners to better understand how an effective and sustainable autism offer can be developed within available resources

Priorities for 2026/27

During 2026/27, the Trust will continue to build upon the progress made during the past year, with a focus on:

- Embedding the revised mandatory Learning Disability and Autism training programme.
- Supporting implementation of the Oliver McGowan Mandatory Training requirements.
- Delivering actions arising from the NHS Learning Disability Improvement Standards report.
- Review and strengthen the Trust's autism offer

- Strengthening oversight of MCA, Best Interest and ReSPECT processes.
- Reviewing and updating the Learning Disability Policy.
- Ensuring discharge planning begins at admission for patients with complex needs.
- Embedding LeDeR processes and ensuring all eligible deaths are appropriately reviewed.
- Maintaining specialist support for complex cases and transitions.
- Further improving electronic flagging and reasonable adjustment systems.
- Developing learning disability champions and awareness programmes across clinical services.
- Continuing bespoke education sessions and support for frontline teams.
- Supporting young people with learning disabilities through transition into adult services

11. Mental Health

During 2025/26, the Trust continued to strengthen its approach to supporting patients with mental health needs, recognising that mental health remains a significant contributor to presentations across both urgent and planned care pathways. Throughout the year, work has focused on improving governance, enhancing staff knowledge and confidence, strengthening clinical pathways, and improving the experience and safety of patients presenting with mental health needs.

The Trust's Mental Health Strategy was reviewed and refreshed during the year, supported by the development of revised Key Performance Indicators (KPIs) that are monitored through a quarterly audit programme. This has provided greater oversight of mental health activity, performance, and quality improvement initiatives across the organisation.

Whilst the Trust has experienced an increase in patients presenting to the Emergency Department with mental health needs, alongside an increase in the length of stay for some patients awaiting specialist mental health placements, there has also been a reduction in ward-based Mental Health Act detentions under Section 5(2). This suggests improved recognition of mental health needs, earlier intervention, and more effective support being provided within clinical areas before situations escalate to the point where detention is required.

A key priority throughout the year has been workforce development. Significant investment has been made in mental health education, focusing on increasing staff knowledge, confidence and competence in managing patients presenting with mental health needs. This has included training on risk assessment, de-escalation techniques, management of challenging behaviour, enhanced observation processes, Mental Health Act requirements, and the safe use of medication. An extensive Patient Safety Incident Investigation (PSII) was also completed into the use of Lorazepam in patients with mental health conditions and dementia, with learning informing future practice and governance arrangements.

Emergency and Urgent Care

Within Urgent and Emergency Care, work has continued to strengthen the support available to patients presenting with mental health needs. Monthly mental health training sessions have been embedded within Emergency Department safeguarding training days, focusing on the management of challenging behaviours, de-escalation techniques, safe use of one-to-one observations and PRN medication management.

Partnership working with Nottinghamshire Healthcare NHS Foundation Trust has supported the implementation of a Mental Health Inpatient Transfer Passport to improve communication and continuity of care for patients attending the Emergency Department whilst on Section 17 leave from inpatient mental health services. Daily bed escalation processes are in place to support timely access to specialist mental health beds and facilitate safe onward care.

The implementation of Nerve Centre has also delivered important improvements, including the introduction of mental health flags and dedicated care plans, helping to bridge information gaps between mental health and acute care systems. Close working continues with the High Volume Service User Team and community partners to support patients who frequently present with complex mental health needs.

Medicine

The Medicine Division has cared for a number of patients with highly complex mental health needs throughout the year. Support has been provided to clinical teams through the development of personalised care plans that clearly identify risks, management strategies, crisis interventions and escalation pathways.

The Mental Health Team has worked closely with ward teams to support compliance with Mental Health Act requirements, including advice regarding detention processes, completion of statutory documentation and bespoke training sessions. Particular focus has been placed on supporting wards to escalate patients requiring admission to specialist mental health services and facilitating timely transfers where possible.

Several patients required escalation to the Integrated Care Board and NHS England due to highly specialised mental health and physical health needs that could not easily be accommodated within available mental health placements. In these cases, strong multidisciplinary working ensured that complex barriers were addressed and appropriate pathways established to support safe transfers of care.

Intensive Care and Surgery

Mental health support within critical care environments has continued to develop during 2025/26. The Trust has worked proactively with ITU and surgical teams to identify patients requiring additional mental health support and develop individualised management plans that address both physical and psychological risk.

A targeted mental health training programme was delivered to ITU medical staff, helping to improve confidence in managing patients presenting with significant mental health concerns alongside critical illness.

One particularly complex case required extensive multidisciplinary coordination involving acute staff, mental health services and secure care providers. The patient required intensive risk management due to the potential for significant violence and aggression following extubation. Through detailed planning, collaboration and risk assessment, the patient was safely extubated and subsequently transferred to an appropriate mental health placement without incident. This case demonstrated the benefits of strong partnership working and person-centred risk management.

Paediatrics

The Mental Health Team has continued to work closely with Paediatric services, particularly Ward 25, supporting children and young people admitted with mental health needs whilst awaiting specialist CAMHS assessment or Tier 4 placements.

Support has included developing person-centred risk management plans, advising staff on managing challenging behaviour, and assisting with escalation processes where young people were medically fit for discharge but awaiting specialist mental health beds.

Additional training has been delivered to both inpatient and community paediatric consultants regarding mental health guidance, escalation pathways and available support services. DDREAMS training has also commenced within the division, receiving highly positive feedback from staff and contributing to improved confidence when managing mental health presentations in children and young people.

Outpatients and Cancer Services

During the year, strong collaborative relationships have developed between the Mental Health Team and outpatient services, particularly within cancer pathways. This work has focused on supporting patients with mental health needs to access appointments, engage with treatment plans, and receive appropriate reasonable adjustments.

The team has also supported staff with Mental Capacity Act assessments and best-interest decision-making where mental health needs have impacted a patient's ability to engage with treatment decisions. Closer collaboration with community mental health teams has improved communication and reduced delays across diagnostic and treatment pathways.

Working with External Partners

Partnership working remains essential in supporting patients with mental health needs. Throughout the year, the Trust has strengthened working relationships with Nottinghamshire Healthcare NHS Foundation Trust, Nottinghamshire Police, Approved Mental Health Professional (AMHP) services, East Midlands Ambulance Service, The Priory, Cygnet and Elysium Healthcare.

These partnerships have facilitated joint training opportunities, improved care coordination, strengthened communication and supported more effective escalation processes. The collaborative approach has helped improve patient flow, reduce delays and support safer transfers between organisations.

Governance, Training and Service Development

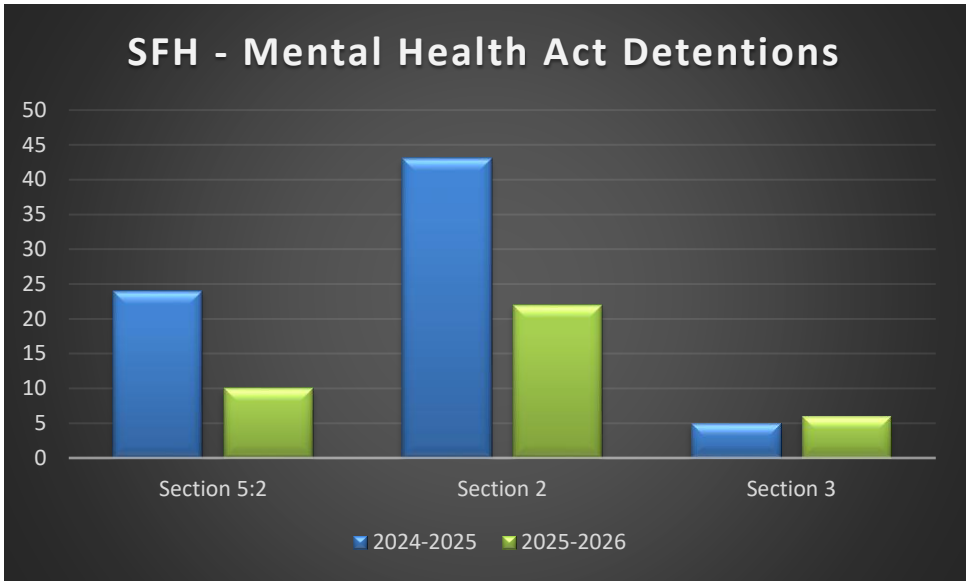
Significant progress has been made in strengthening mental health governance during 2025/26. All mental health policies are now current and approved, and a dedicated Mental Health intranet page has been developed to improve access to guidance, policies and resources. New guidance relating to the management of a death in custody has also been developed and implemented.

Mental health training provision has expanded considerably throughout the year. Education is now incorporated into preceptorship programmes, student nurse training, ED safeguarding days, DDREAMS programmes and bespoke sessions delivered to individual departments. Although progress has been made, compliance with mental health training KPIs remains below target. A training needs analysis has been completed and a business case is being developed to support a more formalised and sustainable training model.

Other significant achievements include the implementation of the Mental Health Inpatient Transfer Passport, mental health flags and care plans within Nerve Centre, and the establishment of improved mental health pathways for maternity patients in partnership with the RRLP and Crisis Resolution and Home Treatment Teams.

Mental Health Act Activity

The relationship between SFHFT and the Nottinghamshire Healthcare Mental Health Act Office continues to be positive and collaborative. A dedicated Mental Health Act administrator scrutinises all detention paperwork relating to patients detained within the Trust, providing assurance that statutory requirements are consistently met. Quarterly reviews of Mental Health Act activity have identified no concerns regarding the quality or legality of detention processes, providing continued assurance that the Trust is meeting its responsibilities under the Mental Health Act.



During 2025/26, there was a notable reduction in the number of Mental Health Act detentions where SFHT acted as the detaining authority. Section 5(2) detentions reduced from 24 in 2024/25 to 10 in 2025/26, representing a reduction of almost 60%, whilst Section 2 detentions reduced from 43 to 22, a decrease of approximately 49%. Section 3 detentions remained relatively stable, increasing slightly from five to six cases.

This reduction is particularly encouraging when considered alongside the increasing number of patients presenting to the Emergency Department with mental health needs and the ongoing pressures associated with delayed access to specialist mental health beds. The reduction in detention activity does not therefore represent a reduction in demand, but may instead reflect improvements in early identification, risk assessment, care planning and the management of mental health needs within acute hospital settings.

Throughout 2025/26, the Trust has invested significantly in strengthening staff knowledge and confidence through enhanced training programmes, expanded mental health support within clinical areas, improved multidisciplinary care planning, and strengthened partnership working with Nottinghamshire Healthcare NHS Foundation Trust and other mental health providers. These developments appear to be supporting earlier intervention and more effective management of patients experiencing mental health crises before detention becomes necessary.

The small increase in Section 3 detentions is not considered significant given the low overall numbers and likely reflects the complexity of individual patient presentations requiring longer-term treatment under the Mental Health Act rather than an emerging trend. This will continue to be monitored through established governance arrangements.

Whilst detention numbers have reduced, significant challenges remain across the wider mental health system. The Trust continues to experience increasing numbers of mental health presentations within the Emergency Department, with a substantial cohort of patients requiring admission and waiting more than 48 hours for specialist mental health placements. These delays continue to impact patient experience, operational flow and staff resources across the organisation.

The Trust also recognises that further work is needed to strengthen strategic information sharing and performance oversight arrangements with Nottinghamshire Healthcare NHS Foundation Trust. Although an information-sharing agreement is in place, there remains no formal mechanism for routinely sharing information regarding the performance of Liaison Psychiatry services against their stated objectives. Strengthening these arrangements will remain a priority during 2026/27 to support improved system oversight, partnership working and patient outcomes.

Priorities for 2026/27

The Trust will continue to build on the progress made during 2025/26, with a focus on strengthening mental health support, improving patient outcomes, and enhancing staff confidence in managing mental health presentations.

Key priorities for 2026/27 include:

- **Improve compliance with mental health training requirements**, including the implementation of a sustainable training programme that supports staff across all clinical areas to effectively manage patients presenting with mental health needs.
- **Further develop mental health care plans and documentation within Nerve Centre**, ensuring risk information, management plans and reasonable adjustments are accessible and consistently applied across the patient pathway.
- **Strengthen support for patients experiencing prolonged waits for mental health admission**, working collaboratively with system partners to improve escalation processes and reduce delays in accessing specialist mental health beds.
- **Enhance staff knowledge and confidence regarding the Mental Health Act**, including detention processes, documentation requirements and the management of patients detained within acute hospital settings.
- **Continue to reduce the use of restrictive interventions** through improved risk assessment, care planning, de-escalation techniques and workforce education.
- **Embed learning from the Patient Safety Incident Investigation (PSII) into the use of Lorazepam and management of patients with mental health conditions and dementia**, ensuring safer and more consistent practice across the organisation.
- **Strengthen partnership working with Nottinghamshire Healthcare NHS Foundation Trust and other mental health providers**, including the development of clearer escalation pathways and more effective joint working arrangements.
- **Establish improved governance and information-sharing arrangements with Liaison Psychiatry Services**, enabling routine performance oversight and assurance against agreed service objectives.
- **Support the continued development of mental health pathways within specialist areas**, including paediatrics, maternity, critical care, cancer services and medicine.
- **Continue to develop person-centred care planning for patients with complex mental health needs**, ensuring both physical and mental health requirements are recognised and managed effectively.
- **Work with the High Intensity Service User Team to Improve the experience of frequent attenders**, through collaborative working with community teams and implementation of individualised management plans.
- **Monitor trends in Mental Health Act detention activity and Emergency Department presentations**, ensuring learning is identified and responsive service improvements are implemented.
- **Work alongside the Trust Learning Disability Nurse to strengthen support and pathways for patients with learning disabilities, autism and neurodiversity who present with mental health**

needs, working with internal and external partners to improve reasonable adjustments and access to appropriate services.

- **Continue to promote parity of esteem between physical and mental health care**, ensuring that patients with mental health needs receive safe, timely and equitable care regardless of their point of access to Trust services.

12.Security Management, Violence Reduction & Restraint Reduction.

Overview

Sherwood Forest Hospitals NHS Foundation Trust (SFHT) remains committed to providing a safe, secure and therapeutic environment for patients, visitors and staff. Effective security management plays a fundamental role in supporting the delivery of high-quality healthcare by protecting people, property and organisational assets, whilst enabling clinical teams to provide safe and compassionate care.

Security, violence reduction and restrictive practice are closely linked agendas, requiring a coordinated approach across clinical and non-clinical services. During 2025/26, the Trust continued to strengthen governance arrangements, develop partnership working, review policies and procedures, and promote a culture where violence, aggression, abuse and criminal behaviour are not accepted as part of working within healthcare.

The Trust maintains clear accountability arrangements, including Board-level oversight through the Chief Financial Officer as Security Management Director, Non-Executive Director scrutiny, and operational leadership through the Professional Lead for Security Management and Violence Reduction. These arrangements ensure compliance with NHS security requirements and provide assurance that risks are appropriately identified, managed and escalated.

Security Management Standards

The Trust continues to work within the four core elements of the NHS Security Management Standards:

- Strategic Governance
- Inform and Involve
- Prevent and Deter
- Hold to Account

These standards support the Trust's approach to reducing crime, preventing violence, protecting NHS resources and maintaining safe environments for patients and staff. During 2025/26, governance arrangements remained robust, supported by policy reviews, risk assessment processes, incident investigations and partnership working with external agencies.

The Trust continues to await publication of the revised NHS England Security Management Standards, which will replace the historic NHS Protect framework. Preparatory work has been undertaken to ensure the organisation is well placed to undertake future self-assessment and evidence compliance once the revised standards are released.

Violence Reduction and Restrictive Practice

Violence and aggression continue to represent a significant challenge across the NHS and remain a key area of focus for the Trust. Clinical teams increasingly care for patients presenting with dementia,

delirium, mental health conditions, cognitive impairment and other factors that can contribute to challenging behaviour and aggression.

Whilst some incidents involve deliberate aggression, a significant proportion occur as a result of underlying clinical conditions. This distinction is important and requires a balanced approach that protects staff whilst also recognising the healthcare needs of vulnerable patients.

During 2025/26, the Violence Reduction Working Group underwent review and redevelopment to strengthen its focus and ensure wider divisional representation. The revised structure will bring together safeguarding, security, mental health, learning disability, dementia and clinical representatives to provide greater organisational oversight and support a more integrated approach to violence reduction.

The Trust has also continued to review its approach to restrictive practice and restraint. Whilst security officers remain trained in physical intervention techniques and continue to support clinical teams during incidents involving violence and aggression, the organisation recognises the need to further strengthen the capability of frontline clinical staff through training that aligns with current Restraint Reduction Network (RRN) standards.

Violence and Aggression Activity

During 2025/26, the Trust recorded:

- **448 incidents of physical assault**
- **540 incidents of verbal abuse**
- **28 incidents involving racist abuse**
- **20 incidents involving sexual content or behaviour**
- **66 incidents requiring police attendance**

Although physical assaults remained high, the number of incidents reduced slightly compared to the previous year. Encouragingly, incidents where a clinical condition was identified as a contributing factor also reduced from 523 to 465 cases.

The most commonly reported forms of physical assault remained:

- Slaps, kicks and punches (167 incidents)
- Pushes, grabs and hits (162 incidents)
- Scratches and pinches (52 incidents)

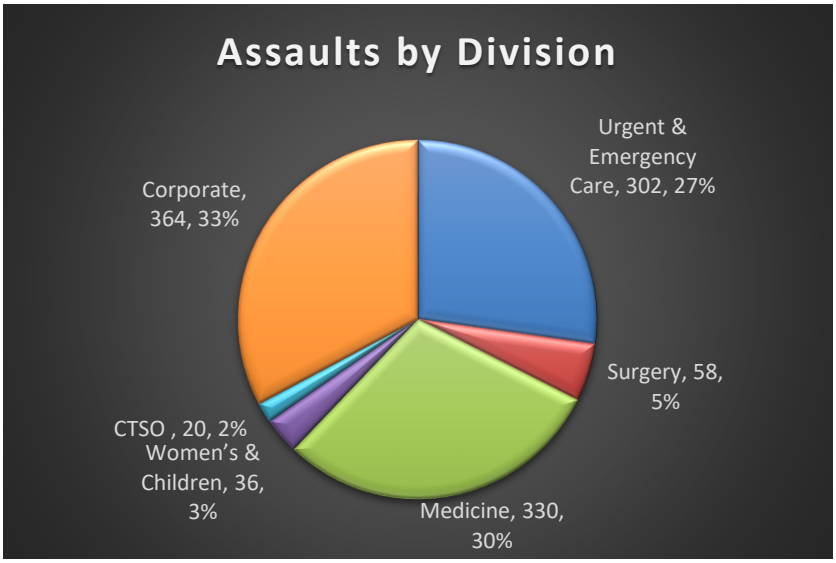
However, the continued high volume of incidents demonstrates the ongoing challenges faced by frontline staff and reinforces the need for continued investment in prevention, training and staff support.

Whilst physical assaults have reduced, incidents of verbal abuse increased to 540 events during the reporting period. This highlights the importance of maintaining the Trust's ‘Expect Respect Not Abuse’ approach towards staff and continuing work to challenge unacceptable behaviour.

Category of Assault	Quarter 1 2026-2026	Quarter 2 2025-2026	Quarter 3 2025-2026	Quarter 4 2025-2026	Total
Physical Assaults					
Slap / Kick / Punch	39 (45)	63 (26)	32 (47)	33 (56)	**167(174)**
Scratch / Pinch	6 (11)	15 (7)	17 (10)	14 (10)	**52 (38)**
Bend or Twist to Finger / Wrist	7 (1)	7 (0)	4 (4)	2 (5)	**20 (10)**
Bite	1 (1)	3 (1)	7 (3)	1 (3)	**12 (8)**
Spitting	3 (4)	11 (3)	4 (6)	2 (14)	**20 (27)**
Push / Grab/ Hit	42 (41)	45 (30)	41 (40)	34 (49)	**162 (160)**
Hit with object	2 (4)	5 (4)	6 (3)	2 (7)	**15 (18)**
Total	**100 (107)**	**149 (50)**	**111(113)**	**88(144)**	**448 (414)**
Clinical condition recorded	120 (138)	151 (115)	117 (136)	77 (134)	**465 (523)**
Restraint/Restrictive Practices used	127 (151)	155 (113)	159 (108)	103 (137)	**544 (614)**
Non Physical assaults					
Verbal abuse	133 (107)	166 (122)	123(159)	118 (126)	**540 (514)**
Verbal abuse (telephone call)	7 (1)	4 (3)	1 (0)	1 (0)	**13 (4)**
Racist content/nature	4 (9)	11(13)	6 (12)	7 (11)	**28 (45)**
Sexual content/nature	10 (5)	5 (5)	2 (4)	3 (3)	**20 (17)**
Police Attendance	15 (15)	18 (16)	17 (28)	16 (18)	**66 (77)**
Reported Thefts					
Theft of trust property	2 (2)	0 (1)	0 (0)	0 (0)	**2 (0)**
Theft of personal property	5 (3)	2 (9)	3 (4)	0 (6)	**10 (24)**
Criminal Damage	2 (4)	2 (1)	2 (1)	4 (2)	**10 (5)**

Figures for 2024/2025 in brackets

Divisional Analysis



Urgent and Emergency Care and Medicine continued to experience the highest levels of violence and aggression, accounting for the majority of incidents reported across the organisation.

This is unsurprising given the complexity of patients managed within these services, including those experiencing acute mental ill health, alcohol and substance misuse, cognitive impairment, dementia and behavioural distress.

Whilst Corporate Services also recorded a high number of incidents, this largely reflects the inclusion of security-related activity, switchboard reporting and non-clinical incidents captured within central reporting systems.

Restraint Reduction and Training

The Trust recognises that significant work remains required to fully align restrictive practice training with current national standards.

During the year, a comprehensive review of training provision was undertaken following service redesign and workforce changes. This review identified that existing arrangements require further development to meet Restraint Reduction Network (RRN) standards and ensure staff receive training that reflects current best practice.

Discussions have taken place with several providers and NHS organisations regarding the delivery of an accredited training package that incorporates:

- Restrictive practice reduction.
- Positive Behaviour Support.
- Trauma-informed care.
- Clinical disengagement techniques.
- Safe physical intervention.

The Trust has also engaged with a neighbouring acute trust whose training model received external accreditation following regulatory scrutiny. Options for training delivery have been explored with recommendations agreed with the plan of moving forward with a new training model moving into 2026-1027.

The new multidisciplinary training model will involve professionals from:

- Security
- Safeguarding
- Mental Health
- Learning Disability
- Dementia Services

This approach aims to move away from a purely security-led response and support a broader clinical model focused on prevention, de-escalation, patient-centred care and reduction of restrictive interventions.

Conflict Resolution Training

Conflict Resolution Training remains embedded within the Trust's mandatory training programme and continues to provide staff with practical skills for managing challenging situations safely.

Compliance levels remain strong across all divisions:

- Corporate – 94.2%
- Surgery – 92.9%
- CTSO – 91.6%
- Women's and Children's – 88.2%
- Urgent and Emergency Care – 88.0%
- Medicine – 87.0%

These results provide assurance that staff continue to receive training that supports the recognition, prevention and management of violence and aggression within clinical environments.

Police Partnership Working

The Trust continues to maintain strong relationships with Nottinghamshire Police. Although wider public sector pressures have affected routine engagement opportunities, effective communication routes remain in place for operational incidents, escalation and intelligence sharing.

Partnership working continues to support:

- Incident response.
- Criminal investigations.
- Violence reduction initiatives.
- Police attendance following assaults.
- Community safety activities.

The Trust recognises opportunities to further strengthen this relationship during 2026/27, particularly around visible policing presence on hospital sites and joint approaches to reducing violence against healthcare staff.

Security Risk Management and Investigations

Security risk assessments and crime reduction surveys continue to be used to identify vulnerabilities and support local risk management. Departments can request specialist support where security risks have been identified, with findings incorporated into divisional and corporate governance processes where necessary.

During 2025/26, investigations were undertaken within inpatient areas following concerns relating to the use of Trendelenburg bed positioning as a form of unauthorised restrictive practice. Findings highlighted a number of themes and learning opportunities, resulting in recommendations to strengthen practice and governance arrangements.

Lone Worker Protection

The Trust continues to provide lone worker devices to staff working in community settings following risk assessment. Whilst some services have moved towards alternative arrangements including mobile phone escalation processes and call-back systems, lone worker protection remains available where required.

This provides additional assurance for staff working away from Trust premises and supports compliance with health and safety responsibilities.

Martyn's Law

A significant development during 2025/26 has been the introduction of the Terrorism (Protection of Premises) Act 2025, commonly known as Martyn's Law.

The legislation introduces statutory responsibilities for publicly accessible organisations, including NHS Trusts, to assess, prepare for and respond to terrorist threats.

Preparatory work has commenced to ensure Trust arrangements align with the new requirements, including:

- Risk assessment.
- Emergency response planning.
- Lockdown and evacuation procedures.
- Staff awareness.
- Governance and assurance arrangements.

Compliance with Martyn's Law will remain a key priority throughout 2026/27.

Priorities for 2026/27

The Trust's priorities for the coming year include:

- Strengthening the Violence Reduction Working Group and embedding the revised governance structure.
- Implementing an RRN-compliant restrictive practice training programme.
- Developing a multidisciplinary cohort of trainers encompassing security, safeguarding, mental health, learning disability and dementia expertise.
- Expanding clinical disengagement training to support management of clinical-condition-related aggression.
- Continuing efforts to reduce incidents of violence, aggression and abuse towards staff.
- Improving recording and analysis of restrictive practice activity.
- Strengthening police partnership arrangements and visible engagement across Trust sites.
- Preparing for implementation of the revised NHS England Security Management Standards.
- Ensuring organisational readiness for compliance with Martyn's Law.
- Continuing to promote a culture where violence and abuse are not tolerated and where staff feel supported to report incidents and seek assistance when required.

In Summary

Despite increasing pressures across healthcare services, the Trust has continued to strengthen its approach to security management, violence reduction and restrictive practice throughout 2025/26. Strong governance arrangements, positive partnership working, high levels of conflict resolution training compliance and ongoing work to modernise restrictive practice training provide assurance that this remains a key organisational priority.

Whilst challenges remain, particularly around clinical-condition-related aggression and implementation of RRN-compliant training, significant foundations have been established to support further improvement during 2026/27. The Trust remains committed to providing a safe and secure environment where patients receive high-quality care and staff feel protected, supported and valued.

13. Safeguarding & Vulnerabilities Commitment & Priorities

Priorities for 2026/27

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) recognises that safeguarding remains fundamental to the delivery of safe, effective and compassionate care. Protecting children, young people, adults at risk, patients with additional vulnerabilities and supporting staff to respond effectively to safeguarding concerns will continue to be a key organisational priority.

Building on the progress achieved during 2025/26, the Trust will continue to strengthen safeguarding practice, embed learning, and enhance assurance across all safeguarding and vulnerability agendas. This work will align with the Trust's strategic objectives and support the delivery of high-quality, person-centred care for some of the most vulnerable members of our communities.

During 2026/27, the Trust will focus on the following priorities:

- **Maintain high levels of safeguarding training compliance** through effective monitoring, targeted support and ongoing evaluation of training programmes, ensuring staff have the knowledge, skills and confidence to recognise, respond to and escalate safeguarding concerns.
- **Strengthen compliance with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)** by improving documentation standards, enhancing staff understanding of best-interest decision-making, embedding audit processes and supporting clinical teams with complex decision-making.
- **Continue implementation of Learning Disability and Autism training requirements**, including the Oliver McGowan Mandatory Training programme, ensuring staff are equipped to deliver equitable, person-centred care and make appropriate reasonable adjustments.
- **Develop a stronger and more sustainable autism offer**, recognising that the Trust does not currently provide a dedicated autism service. This will include reviewing current provision, identifying gaps in support, improving pathways and reasonable adjustment processes, and exploring opportunities to enhance specialist autism expertise within available resources.
- **Strengthen assurance and governance arrangements across vulnerability services**, including Learning Disability, Mental Health, MCA/DoLS, Security Management, Violence Reduction and Restrictive Practice, ensuring compliance with national standards and regulatory requirements.
- **Further develop the Trust's Mental Health agenda**, including strengthening mental health pathways, improving training compliance, enhancing partnership working, and improving support for patients experiencing prolonged waits for specialist mental health services.

- **Advance the Violence Reduction and Restrictive Practice programme**, including implementation of training aligned to Restraint Reduction Network (RRN) standards, development of multidisciplinary trainers, promotion of trauma-informed practice, and continued focus on reducing restrictive interventions.
- **Improve the management of clinical-condition-related violence and aggression**, ensuring staff are equipped with the skills and confidence to respond appropriately to behaviours associated with dementia, delirium, mental ill health, learning disability and other vulnerabilities.
- **Embed learning from safeguarding reviews, audits, incidents and national reports**, ensuring that recommendations are translated into measurable improvements in practice and patient outcomes.
- **Strengthen partnership working across the health and social care system**, including collaboration with statutory agencies, safeguarding partnerships, mental health providers, police services and the voluntary sector to improve outcomes for vulnerable individuals.
- **Prepare for emerging legislative and regulatory changes**, including developments relating to Liberty Protection Safeguards (LPS), revised NHS Security Management Standards and Martyn's Law requirements.

Through delivery of these priorities, SFHFT will continue to strengthen safeguarding arrangements, reduce health inequalities, support vulnerable patients and provide assurance that safeguarding remains embedded at the heart of the organisation's culture and practice.

14.Conclusion

During 2025/26, Sherwood Forest Hospitals NHS Foundation Trust (SFHT) continued to demonstrate a strong commitment to safeguarding and promoting the welfare of children, young people and adults at risk. Safeguarding remains firmly embedded within the Trust's culture, governance arrangements and everyday practice, ensuring that the safety and wellbeing of patients remains a core organisational priority.

Throughout the year, the Safeguarding and Vulnerabilities Team provided leadership, expert advice, education and assurance across a broad range of safeguarding agendas. Significant progress has been made in strengthening safeguarding governance, improving training compliance, embedding learning from reviews and audits, supporting frontline staff managing increasingly complex presentations, and enhancing collaborative working with system partners.

The Trust has continued to respond proactively to emerging risks and national priorities, including domestic abuse, exploitation, mental health, learning disability, autism, the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS), PREVENT, violence reduction and restrictive practice. Substantial work has also been undertaken to strengthen partnerships with health, social care, police, mental health providers, education services and the voluntary sector, recognising that effective safeguarding can only be achieved through strong multi-agency collaboration.

Learning from Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs), Domestic Abuse Related Death Reviews (DARDRs), Child Death Reviews, LeDeR reviews, patient safety investigations, incidents and audits has been actively shared across the organisation. Whilst many of the themes identified mirror those reported nationally—including professional curiosity, information sharing, documentation standards and the early identification of vulnerability—the Trust has demonstrated its commitment to addressing these through targeted training, policy development, assurance activities and service improvement initiatives.

The Trust has also continued to meet its statutory responsibilities in relation to the Child Death Review process. During 2025/26, the Child Death Review Team transferred into the Safeguarding and Vulnerabilities Team, strengthening governance, collaboration and organisational learning. The service has continued to support Joint Agency Responses, Child Death Overview Panels and national reporting requirements, whilst driving improvements in safer sleep education, bereavement care, staff training and learning from child deaths. A key area of focus has been the development of a business case for a dedicated Paediatric Bereavement Nurse, recognising the importance of providing high-quality support to children, young people and families following the death of a child.

The annual report also highlights areas where challenges remain. Increasing levels of complexity associated with mental health presentations, violence and aggression, safeguarding vulnerabilities, capacity assessments and discharge planning continue to place pressures on frontline services. In addition, the Trust recognises that further development is required in areas such as autism support, restrictive practice training, Mental Capacity Act documentation and strategic information sharing with some partner organisations. Identifying these challenges provides opportunities for further learning, development and improvement.

The increasing visibility of safeguarding across the organisation, supported by high levels of training compliance, strengthened governance arrangements and enhanced multidisciplinary engagement, provides assurance that safeguarding responsibilities are understood and taken seriously across all divisions. However, safeguarding is not static, and the Trust must continue to adapt to emerging risks, evolving legislation and lessons learned locally and nationally.

Looking ahead to 2026/27, the Trust will continue to focus on improving outcomes for vulnerable patients through prevention, early intervention, education, partnership working and robust assurance processes. The Safeguarding and Vulnerabilities Team will continue to work collaboratively with staff, patients, carers and partner agencies to ensure that safeguarding remains central to the delivery of safe, compassionate and high-quality care.

Overall, this report provides assurance that Sherwood Forest Hospitals NHS Foundation Trust continues to meet its statutory safeguarding responsibilities, maintains effective safeguarding arrangements, and remains committed to continuous improvement in protecting and supporting the most vulnerable members of our communities.