Safeguarding & Vulnerability Team

Annual Report

2023/24

Contents

1. Foreword

It is my pleasure to introduce the Safeguarding & Vulnerability Annual Report for 2023/24. It summarises the work undertaken within the Trust in respect of Safeguarding Adults and Children, planned developments and our plans moving forward into 2024/25.

Sections 9, 10 AND 11 also outline the work undertaken around mental health, learning disabilities and restrictive practice which are aligned to the safeguarding team and the Chief Nurse and Head of Safeguarding portfolio. It is acknowledged that these areas are not just about safeguarding but they do recognise the links with the increased vulnerabilities of these client groups.

This report provides assurance to the Trust, its patients and their families and our partner agencies that we see safeguarding as a key priority and ensure that all our staff are aware that 'safeguarding is everyone's business', and we all have a role to pay in ensuring our patients and their families receive outstanding care.

Phil Bolton
Chief Nurse

2. Introduction

Sherwood Forest Hospital NHS Foundation Trust (SFHFT) has a statutory responsibility for ensuring that the services provided by their organisation have safe and effective systems in place which safeguard adults, children, and young people at risk of abuse, neglect, and exploitation.

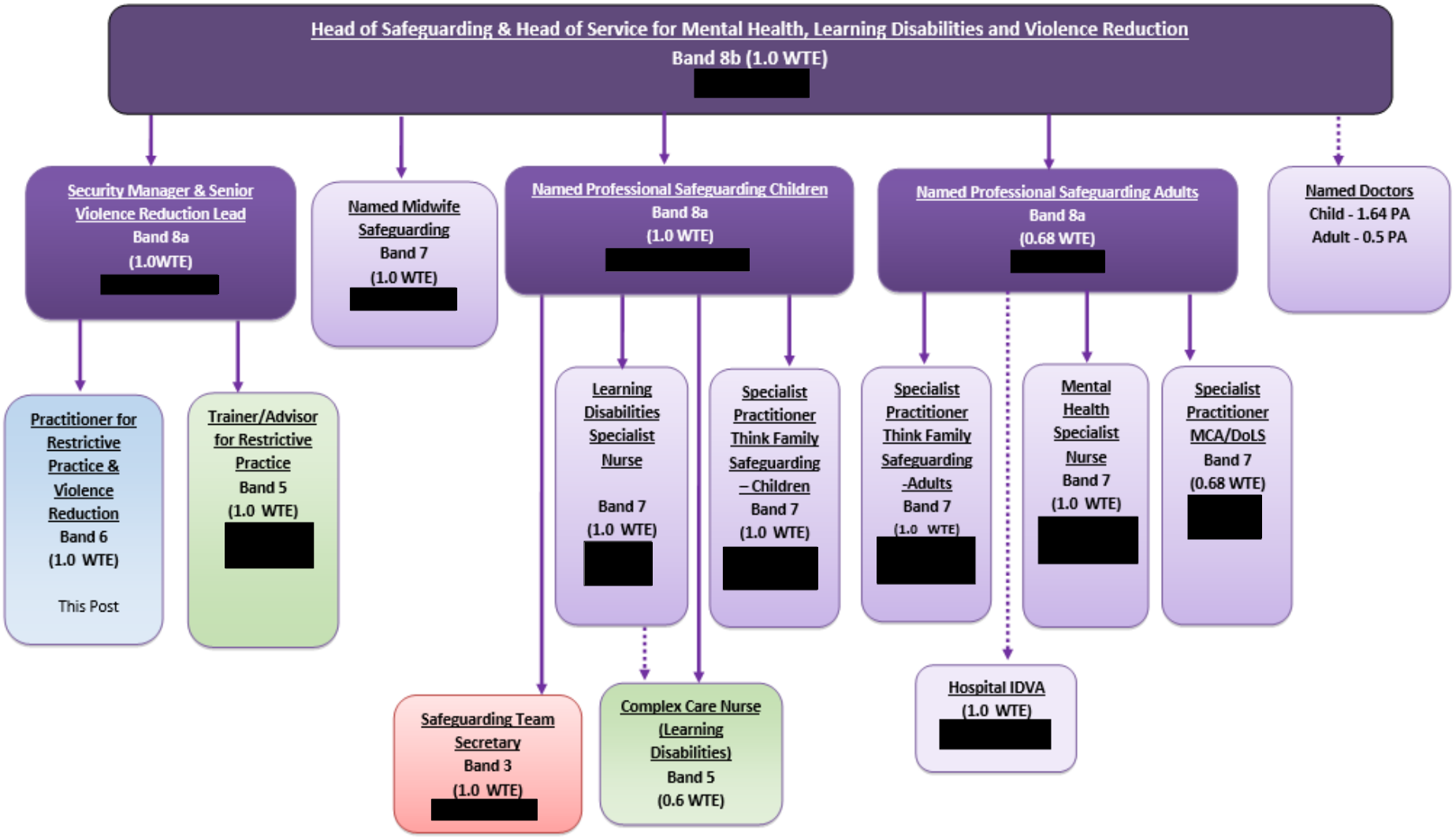
The aim of this report is to summarise the safeguarding activity within Sherwood Forest Hospital Foundation Trust (SFHFT) during the period 2023/24. This activity has been analysed against set objectives which are in line with Nottinghamshire Safeguarding Adult Board (NSAB) and Nottinghamshire Safeguarding Children Partnership (NSCP) reporting requirements as well as national/legal requirements as set out in the Care Act 2014, and the Children Act 1989/2004. The report will also set priorities and actions for the next year (2024-2025).

Furthermore, the report aims to:

- Provide assurance to the Trust board that SFHFT is fulfilling its statutory safeguarding responsibilities.
- Assure service commissioners & regulators e.g., CQC and NHS Improvement that the Trust's activity over the year has developed in terms of preventing abuse and reducing harm; as well as embedding MCA/DOLs into clinical practice using the model of 'Making Safeguarding Personal' and ensuring that the 'Voice of the Child' is heard
- Appraise the Trust staff & managers regarding the activity and function of the safeguarding team and the support it provides to operational and clinical service delivery
- Ensure that patients, service users and carers know that safeguarding of children and adults is a Trust priority

The report will also provide an overview of developments within the safeguarding arena both locally and nationally over the last 12 months. Highlighting how these developments have impacted upon the service provided by the Trust and how we work as a partnership to ensure the patients and their families accessing services within Nottinghamshire are protected.

Safeguarding & Vulnerability Team Structure



4. Key National Themes

Contextual Safeguarding

Contextual Safeguarding remains a key area of focus both nationally and locally. It is recognised that more children and young people are experiencing significant harm beyond their family unit. Contextual safeguarding recognises that the different relationships formed by young people in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Contextual Safeguarding, therefore, expands the objectives of child protection systems in recognition that young people are vulnerable to abuse beyond their front doors.

Children and Young People at Risk of Exploitation

Data for the 2023/24 continues to show a steady decline in children impacted by child exploitation in the Nottinghamshire area, however the NSCP continue to focus on this as a key priority. SFHFT has also remained committed to its work in supporting this vulnerable group during 2023/24.

The Emergency Department (ED) and Urgent Care Centre (UCC) continue to use the CSE screening tool which was implemented in 2018. SFHFT are one of very few acute hospitals that undertake routine screening for CSE for all children presenting to ED/UCC over the age of 10. The tool forms part of the ED triage process and is routinely audited as part of the ED/UCC safeguarding documentation audit. Work also continues looking at how this tool could be extended to expand the screening tool to incorporate Child Criminal Exploitation given that the indicators and presentation are so similar.

As an organisation SFHFT continue to provide representation at the Multi Agency Sexual Exploitation (MASE) group. This ensures oversight of CSE at a local level, sharing information with other agencies to protect vulnerable children/young people. Children/young people identified at risk are flagged within the Trust Sexual Health Services and ED, enhancing information available to staff aiding effective and safe risk assessments.

SFHFT have also been working in partnership with the NSCP as part their Child Exploitation Strategy 2024 -2026. The partnership has developed a commitment to Tackling Child Exploitation (TCE) and SFHFT has been working alongside the three statutory safeguarding partners as well as other relevant stakeholders across Nottingham County and City on specific pieces of work embedding the '4P Model' of Pursue, Protect, Prevent and Prepare: to tackle child exploitation. This is a framework for disrupting harm to children whilst building resilience for individuals and communities through support and awareness at the same time as seeking to stop the problem at source by tackling child exploitation together as a partnership. The framework is being applied to the action planning of the TCE steering group as well as for individual plans for children impacted by child exploitation.

Moving forward in 2024-2025 SFHFT will continue with its commitment to TCE through representation at the TCE steering group supporting the action plan development.
We will also be looking at how SFHFT can further embed their work around children at risk of exploitation and address any other gaps identified.

FGM (Female Genital Mutilation)

The Named Midwife for Safeguarding continues to work Trust wide in ensuring SFH is meeting its statutory responsibilities as set out in the Serious Crime Act 2015. To ensure compliance with legislation, and to provide assurance to the board that SFHFT colleagues are competent and confident to recognise and respond appropriately, FGM remains a key component of the trust in-house Safeguarding Think Family training programme.

SFHFT has guidelines for FGM focusing on Recognising, Reporting and Safeguarding, as well as the Management of Women who have undergone FGM. Every year in the run up to the school summer holidays, an 'iCare' is sent out to remind colleagues that the summer is referred to as 'cutting season' and is when risk is highest for girls in danger of FGM being performed. It is imperative that all colleagues remain vigilant for signs and indicators of FGM to ensure that an urgent response via police and Children's Social Care is initiated in the event a girl presents to SFHFT with trauma as a result, so this year's 'iCare' will reflect this.

During 2023/24 SFHFT governance teams have been undertaken peer reviews across ward and department areas, this has identified the need for some further work to be undertaken around FGM across the organisation. The FGM lead has started this work by visiting all ward areas to ensure there is accessible information around FGM and staffs mandatory reporting responsibilities and there is work underway on an FGM guide for staff which will be rolled out during 2024/25.

Moving forward through 2024/2025 FGM will be a key focus with more specific targeted work being undertaken across all areas of the organisation.

Modern Slavery

Modern Slavery was introduced as a separate category of abuse in the relation to adults at risk under the Care Act in 2014. It involves the recruitment, movement, harbouring or receiving of children, or adults using force, coercion, and abuse of vulnerability, deception, or other means for the purpose of exploitation. Individuals may be trafficked into, out of or

within the United Kingdom. They may be trafficked for several reasons including sexual exploitation, forced labour, domestic servitude and organ harvesting.

The Modern Slavery Act 2015 identifies Modern Slavery as a national and local priority**.** Local safeguarding adult boards require assurance that staff are required to be able to identify and respond appropriately to potential modern slavery and know when and where to refer concerns. The Trust produced its annual modern slavery statement as required under section 54 of the Modern Slavery Act 2015, which set out the steps taken to identify and address its modern slavery risks. SFHFT staff will work with survivors of modern slavery and the Think Family safeguarding training programme includes information on modern slavery, ensuring staff know how to recognise the signs and respond accordingly.

During 2024-2025 SFHFT will continue to develop our annual position statement in relation to Modern Slavery and be alert to any new or increased modern slavery risks within operational activity and supply chains.

There will be a continued focus on staff understanding and responding to any concerns or disclosures of Modern Slavery along with other forms of exploitation.

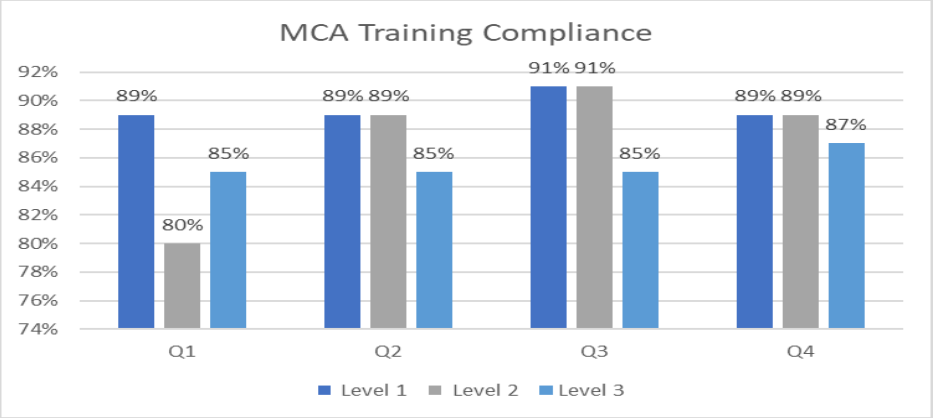
MCA/DOLs

The MCA / DoLS audits have continued to take place in clinical areas throughout the year with all audit outcomes being shared with ward leaders and senior divisional staff as well as being discussed in monthly divisional governance meetings. The overall review of the effectiveness of MCA application is shared to the Safeguarding Steering Group and onto the Patient Safety Committee, both of which meetings are chaired at Executive level.

Audit results during 2023/24 identify the effective application of the legal framework around MCA remains inconsistent. The fact that MCA compliance is poor is reflected through the identification of this on the Trust risk register, with an acknowledgement that there needs to be a continued focus on this subject in the coming year.

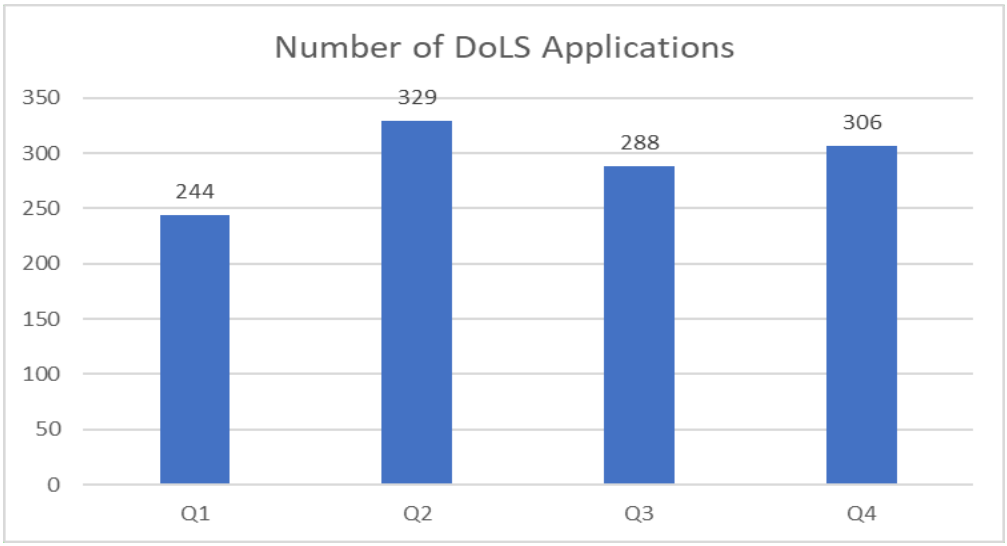
During 2023/24 there has been focused work undertaken around MCA compliance across the organisation. An MCA working group has been developed with representation from both medical and nursing teams, chaired by the Associate Medical Director/Named Doctor for Safeguarding Adults. The trust now has a detailed action plan focusing on key areas of work required to improve compliance with MCA legislation. An area of focus on this plan is around developing a more robust audit programme incorporating both quantitative and qualitative methods to provide an enhanced level of data collection and assurance.

The Training compliance relating to the MCA is reviewed monthly and shared with divisions. Compliance rates have remains consistent as demonstrated in the graph below. However, despite this the trust audit continues to evidence poor compliance.



The working group is currently reviewing the training being delivered and undertaking a training needs analysis in the aim of identifying any gaps in learning or training content/delivery.

Oversight of DoLS applications has continued with reactive responses to identification of potential cases whereby a DoLS has not been submitted but should have been. The number of recorded DoLS applications made by the Trust is as follows:



Incidents regarding non-compliance with legal frameworks are now being identified and reported as such, which should identify root cause and shared learning through the relevant internal reporting process, which if required will lead to actions being identified and compliance with them being monitored.

An example of how this has worked in practice is during 2023-24 the Trust commissioned a PSII (Patient Safety Incident Investigation) as part of its PSIRF (Patient Safety Incident Response Framework) process following several incidents relating to MCA and DoLS. The outcome of this investigation should be available during 2024-25 and will be incorporated into the MCA Working Group action plan.

Moving into 2024/25 particular emphasis will be placed on work identified within the MCA action plan including further development of audit processes to embed and measure learning, training needs analysis as well the key areas identified within the PSII outcomes.

Making Safeguarding Personal (MSP)

This remains a key driver and is a fundamental principle for safeguarding adult practice. The team continues to enhance person centred care and to seek assurance on safeguarding practice to promote the delivery of excellent care and treatment for the safeguarding of adults who have the need for care and support**.**

Moving Forward through 2024/25 SFHFT will continue to develop and embed an approach to its work that is person centered.

MSP will continue to be of the part the 'Think Family' safeguarding priorities.

Domestic Abuse

During 2023/24 the Trust has continued to commission a full-time Hospital IDVA (Independent Domestic Violence Advisor) from Nottinghamshire Women's Aid. The priorities for the post holder are to:

- Support staff around the recognition and response where there are concerns/disclosures of domestic abuse.
- Support the transition of care to community services following a hospital attendance with wrap around services for survivors and /or families where there is an identified need/risk.
- Improve the health outcomes for survivors and/or families including the voice of survivors (adult/child).
- Support the growing numbers of referrals made to MARAC.
- Continue to progress the Domestic Abuse workplan to focus on key areas for development, considering wider priorities in the external world, and reflecting learning from e.g., Domestic Homicide Reviews.

Since the recruitment of a Hospital IDVA there has been a significant amount of work undertaken focusing on how we support Trust staff in relation to their own experiences of domestic abuse. During 2023/24 this work has continued through building confidence in mangers around what to do when a member staff makes a disclosure as well as looking at the Trust HR processes to ensure staff are supported at all levels and within all areas. This work has been extremely positive with more staff coming forward year on year asking for support which really demonstrates the Trust commitment to Domestic Abuse and staff well-being.

The Trust is represented at MARAC Steering Group meetings to ensure that a provider voice is considered, particularly considering the ongoing requests for input to MARAC, which has seen a significant increase during 2023/24. This has a significant impact upon the Trust resource, meaning that input is prioritised as required in keeping with other localised demands.

The lessons learned from external Domestic Homicide Reviews continue to be incorporated as appropriate into trust learning and service delivery.

5. Safeguarding Activity

Safeguarding Children and Adults – (Quality Schedule)

The following targets for 2023/24 were achieved as specified below:

To provide outstanding care

- **Review the 'Think Family' audit plan for 2023/24, to focus on benchmarking safeguarding standards set out in the Markers of Good Practice and Partner Assurance Tool (PAT) and be responsive to the priorities as set out by the NSAB and NSCP.**
  Audit plans have been reviewed in line with the standards set out in the external self-assessment tools as detailed above. Key areas of focus for audits during 2024/25 are Was Not Brought, Safeguarding Documentation and Safeguarding Referrals.
- **Review and update safeguarding team workplans to ensure they reflect NSAB/NSCP priorities.**
  All workplans have been updated reflecting the safeguarding board and partnership priorities along key areas identified from Local and national work streams.
- **Review and update safeguarding strategies and key performance indicators.**
  Safeguarding strategies are currently under review and these will be completed during 2024/25. The safeguarding dashboard has been reviewed and updated with the relevant and necessary KPIs.
- **Continue to monitor safeguarding training compliance.**
  Training compliance is monitored and reported to divisional governance teams monthly. This also forms part of the safeguarding and vulnerability quarter reporting to Safeguarding Committee. The safeguarding training is being reviewed to ensure this continues to meet the statutory requirements.
- **Work to further develop the Mental Capacity Act workstream and DoLS database.**
  The trust now has a Mental Capacity Act (MCA) working group whose focus is on improving the trust legislative compliance surrounding MCA and Deprivation of Liberty Safeguarding (DoLS). The DoLS database has been further developed to ensure that accurate data can be gained from a single source of truth.
- **To embed delivery of the Mental Health Strategic Plan**
  During 2023/2024 the Mental Health Specialist Practitioner left post which has meant that not all the strategy work has been completed as expected. The focus has

been on the operational work and ensure that the trust continues to meet its legislative requirements in relation to the Mental Health Act paperwork. This work will form part the 2024/25 Mental Health Work Plan.

- **Review of restrictive practice service and development of robust service delivery plan.**
  During 2023/24 the organisations restrictive practice team came into the safeguarding team portfolio, this service was reviewed and redesigned into a wider focusing violence reduction team, incorporating restraint reduction, security management and violence reduction.

To Promote and support health and wellbeing

- **To agree the strategic priorities around the Domestic Violence workstream**
  There has been a lot of work undertaken around the domestic abuse workstream, however this has had to focus predominantly of capacity issues relating to the increase demand from MARAC. Moving into 2024/25 the strategic priorities will be a key area of focus.
- **To enhance the personalisation of care to patients with a Learning Disability**
  The Trust Learning Disability Specialist Nurse has continued to support ward and departments around the care needs of patients who have a diagnosed Learning Disability, as well ensuring LD alerts of placed on medical records, LD care plans are in use and reviewing and developing front of house care plans to support ED colleagues.

To continually learn and improve to achieve better value.

- **Continue to embed organisational learning through mandatory training, serious incidents, and adult/child reviews.**
  Lessons learned continues to be the focus for mandatory safeguarding update training as well as induction. During 2024/25 the safeguarding team are also looking at how learning can be cascade through the trust in other ways, e.g. through the use of 7-minute briefings and wider communications campaigns.

Safeguarding Adults Reviews (SARs) and Domestic Homicide Reviews (DHRs) and Child Safeguarding Practice Reviews (CSPRs)

SFHT has a statutory requirement to engage in any multi-agency Child Safeguarding Practice Reviews (CSPRs), Safeguarding Adult Reviews (SARs) or Domestic Homicide Reviews (DHRs) where we have been involved in the care of the victim, perpetrator, or their family, if relevant.

Domestic Homicide Review (DHR)

There are 4 historical cases in which information has been sought from the Trust during 2023/24. Only one to date has had specific recommendations for SFHFT. This review has now been completed through the Ministry of Justice (MoJ) process for publication. The

recommendations for SFHFT related to enhancing training for staff around the promotion of greater professional curiosity in some presentations, showing enhanced evidence of such curiosity in cases as they present to the Trust and ensuring that the Domestic Abuse Policy reflects such a need. In respect of these the Trust safeguarding mandatory training package for 2023/24 was updated to focus upon issues pertaining to domestic abuse. An updated process for supporting people with language issues has been updated and the domestic abuse policy was updated in June 2023.

There was a new DHR referral received in March 2024. This individual was known to SFHFT. The initial timeline of contact was shared at the initial DHR meeting, and we await next steps.

Safeguarding Adults Review (SAR)

Sherwood Forest Hospitals received one SAR request for information for year 2023-2024. This was an individual known to SFHFT on only one occasion and no specific learning has been identified for the Trust at this time.

There are two SARs due to be finalised during Q1 of 2024/25, these have been ongoing since 2022/23 but again there are no specific recommendations for SFHFT, however there may be some wider learning which will cascade throughout the organisation once the final reports are received.

The key themes from these are around how support and care for rough sleeps can be better co-ordinated, better collaboration between services and the importance of effective MCA assessments.

Rapid Reviews & Child Safeguarding Practice Reviews (CSPRs).

There have been nine Rapid Review requests for information during 2023/2024 for which SFHFT were involved in five of the cases, two with only limited contact. Of the five SFH were involved with all appropriate actions were taken at the time of presentation. One case will progress to a full CSPR, with two others awaiting outcomes as to whether these have met threshold for further review.

Whilst there has been no specific learning for SFHFT from these reviews a key theme from within these cases has been neglect, therefore, to embed the wider learning from these reviews we will be covering neglect as a key area within the trust mandatory training during 2024/25.

6. Working with Partners

Nottinghamshire Safeguarding Adults Board

There have been no changes to the structures for the Safeguarding Adults' Board. The Trust continues to be represented on the strategic level Safeguarding Adults' Board.

The Safeguarding Adults' board reviewed its strategy and agreed its strategic priorities, building upon the agreements from the previous year.

- **Prevention**
  - ❖ Develop NSAB Prevention Strategy

    We will update and develop the NSAB Prevention strategy with an action plan detailing how this will be achieved, as well developing management information to allow us to measure its impact and success in four focus areas:
    - Support for carers.
    - Domestic abuse including controlling and coercive behaviour.
    - Social isolation/ self-neglect.
    - Rough sleeping.
- **Assurance**
  - ❖ We will ensure that the Board continues to be effective and complies with current Board Assurance legislation and best practice.
  - ❖ We will continue to develop and implement systems to provide assurance that safeguarding adults arrangements in Nottinghamshire are effective; person-centred and outcome-focused equally for all our communities.
  - ❖ We will continue to seek and utilise opportunities to improve the quality of sharing safeguarding practices and data to build a culture of challenge to drive up performance within the partnership.
  - ❖ The quality assurance framework and business plan will seek to understand, plan and action necessary changes across the partnership to improve outcomes and reduce instances of abuse and/or neglect.
- **Engagement**
  - ❖ We will work to ensure that Nottinghamshire's Adult Safeguarding services are accessible to and can reach every member of our diverse communities across Nottinghamshire. Within this, we will be reviewing Board and sub-group membership to ensure a breadth of representation and engagement from across sectors.
    - We will continue to develop approaches to the Board's work which will enable people with lived experience to support and influence its work.

Moving into 2024/2025 SFHFT will continue to support and play an active part in the responses and developments against the NSAB strategic priorities. We will align these to our own internal priorities, and they will inform the way in which we work both as a health provider and a member of the multi-agency forums within Nottinghamshire.

Nottinghamshire Safeguarding Children Partnership (NSCP)

SFHFT continue to engage with the Nottinghamshire Safeguarding Children Partnership – ensuring representation to the relevant groups and partnerships. We continue to play an active part in multi-agency audits and developments and use the information from these to influence the way forward for safeguarding children in SFHFT. The aim of this partnership is to work to safeguard and promote the welfare of children and young people at risk in Nottinghamshire. This partnership works to the Nottingham and Nottinghamshire Multi-Agency Safeguarding Children procedures.

Joint Nottinghamshire Health Partnership Meeting

The Named Professionals for Safeguarding Children represent SFHFT at this group. The aim of this meeting is to provide a forum to discuss, share and facilitate learning and developments within local safeguarding practices, as well as to identify gaps and ways of overcoming obstacles.

Nottinghamshire MASE (Multi-Agency Sexual Exploitation) Meeting

The Specialist Practitioner for Safeguarding Children represents SFHFT at the county MASE.

The aim of this group is to have oversight of individual young people who are on the police CAROSE list or subject to CSE strategy meetings, particularly where there is a high risk or a concern that existing plans may not be decreasing the level of risk. Where appropriate to provide scrutiny, challenge, and guidance. The panel also shares intelligence and information relating to CSE activity, to inform mapping and analysing the profile of CSE in the County, generate intelligence for investigations and identify any trends or problem locations and ensure they are dealt with. This also includes oversight of known perpetrators within the County, particularly where they may be targeting multiple children.

Safeguarding Adult Health and Social Care Liaison Meeting

There continues to be close liaison between social care colleagues with the Named Nurse for Safeguarding Adults and the Specialist Practitioner for Safeguarding Adults. All s42 enquiries relating to the Trust are documented and when required there are meetings with key senior social care colleagues. Regular meetings continue to be arranged to ensure appropriate scrutiny and triangulation of such cases.

Child Death Overview Panel (CDOP)

The Named Midwife for Safeguarding Children is a panel member of the CDOP.

MARAC Steering Group

The Named Nurse for Safeguarding Adults represents Sherwood Forest Hospitals NHS Foundation Trust at the Nottinghamshire MARAC steering group although was not invited to all meetings, but the attendance agreement has been confirmed for the coming year

The Hospital IDVA represents the Trust at the North and South Nottinghamshire MARAC and attends the Derbyshire MARAC as required. Work involves close liaison with partner agencies including Domestic Abuse Police Teams and IDVA services for both Counties. The demand for MARAC research and attendance has continued to grow to such a point that the Hospital IDVA has been advised to attend only for those survivors being identified by the Trust.

Moving forward in 2024/2025 we will continue to review how we engage with our partners and how we disseminate information/outcomes within the Trust, with particular reference to the level of input that can be supported

7. Multi Agency & Internal Audits

Section 11 (Markers of Good Practice) self-assessment Audit 2023-2024.

The Nottinghamshire and Nottingham City Safeguarding Children Partnership requires partners to complete the section 11 self-assessment tool every two years as part of its partnership responsibilities. Section 11 of the Children Act 2004 places duties on organisations to ensure their functions and services are discharged having regard to the need to safeguarding and promote the welfare of children (Working Together to safeguarding Children, 2018). The self-assessment tool provides assurance to the partnership that SFHFT has in place appropriate, robust safeguarding policies and procedures and that we are complying with the expectations placed upon us by the safeguarding arrangements.

SFHFT were able to evidence full compliance in all areas but one, which received partial compliance. This area related to safeguarding record keeping and whilst we could evidence relevant policies and procedures were in place the documentation audit had been delayed due to capacity issues. This audit is due to take place throughout 2024/25 and is part of the newly developed audit plan, therefore the Trust will have full compliance moving forward.

360 Assurance Safeguarding Audit.

During 2023/24 SFHFT commissioned a 360-assurance safeguarding audit. The overall aim of the audit was to examine the operational controls, at a divisional level, and if safeguarding concerns are recognised, responded to, and recorded in accordance with the Trust policy. The outcome of this audit will not be available until early 2024/25, however the findings of this will feed into the safeguarding assurance work moving forward.

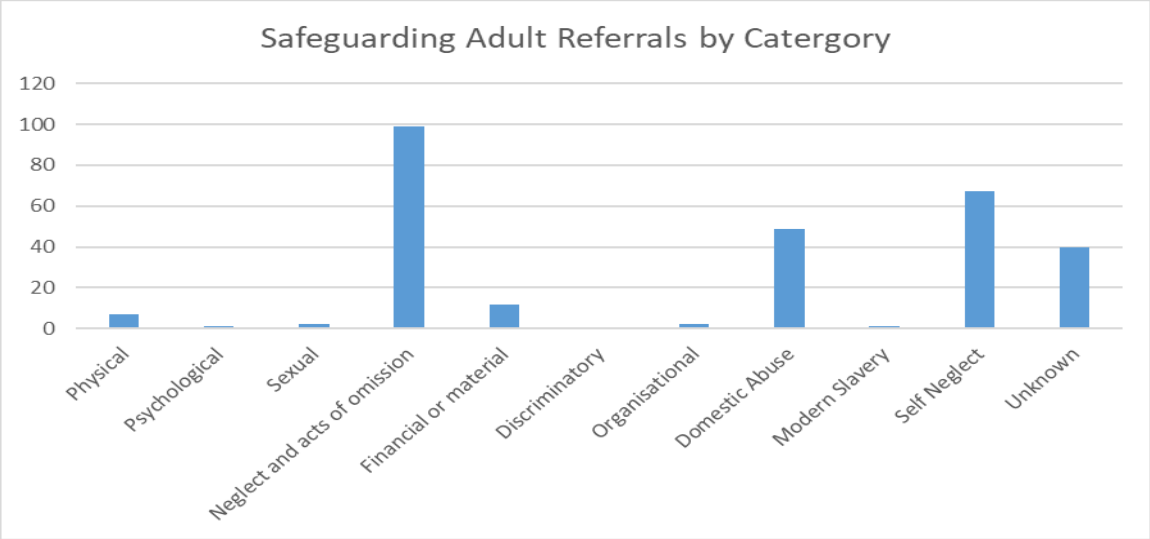
Moving forward in 2024/2025 the safeguarding team will continue to carry out a programme of audit and seek ways to embed learning from this to provide greater levels of assurance.

8. Divisional Activity and Progress

The data below highlights the activity we are able to evidence, its relevance and responses. Moving into 2024/25 we will continue to review the data, review the evidence and information obtained and use the information to analyse what we do and what we need to develop further. This information is provided on a quarterly basis to the Trust Patient Safety Committee for overview and assurance.

Safeguarding Adult Referrals

	2020-2021	2021-2022	2022-2023	2023-2024
Adult Social Care Referrals	445	394	341	280
MARAC Referrals	62	127	114	136

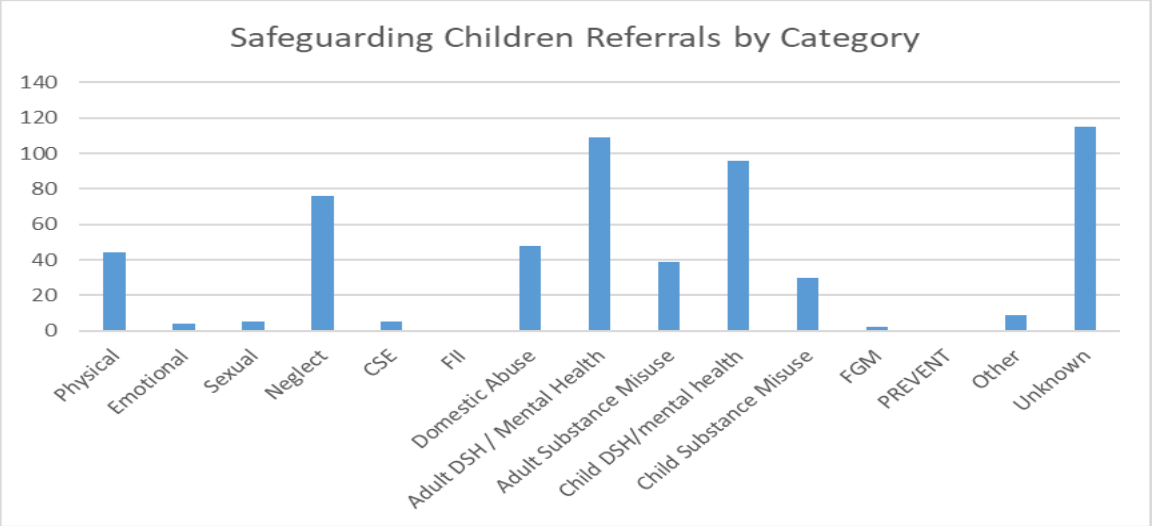


Nottinghamshire MASH has also been reviewing referrals into their service and have previously identified SFHFT as one of the key providers with a high no further action referral rate. The SFHFT safeguarding team have been working in collaboration with the MASH to support this work through working with Trust staff around quality of referrals to ensure they meet a relevant threshold, reflect a person's care and support needs, and that the person at risk consents if able to do so. This work is reflected in the further decrease of referrals during 2023/24. However, the team will continue to work with the local authority around referrals to ensure that the referral rate going forward is decreasing/increasing for the right reasons.

Safeguarding Children Social Care Referrals

2023/24 has seen a further decrease in referrals to children's social care being made by staff across the Trust. There was a spike in referrals during 2021/22 which were thought to be due to the anticipated rise because of the 'Hidden Harm' during the COVID 19 pandemic with increases in disclosure once lock down restrictions were eased. The reduced figures over the last two years potentially demonstrate a return to the usual trajectory, however this could also be reflective of the work undertaken by the Trust safeguarding team around appropriate referrals to social care on the back of a review by Nottinghamshire MASH around the number of referrals not meeting threshold. SFHFT has been working in collaboration with the local authority around quality of referrals to support staff to ensure referrals are made to the right services to support the needs of children, young people, and their families.

Safeguarding Children and Young People Referrals to Children's Social Care.				
	2020-2021	2021-2022	2022-2023	2023-2024
Total number of referrals made	698	736	685	582



Adult and children's mental health are the highest category of referral which is reflective of the previous years. This demonstrates staff's recognition of the impact mental health has on the child, positively reflecting the 'Think Family' model. However, this also potentially provides evidence of the continued impact poor mental health is having upon our local community.

The category unknown is also high, this category reflects those referrals not received by the safeguarding team. The Trust policy is for all staff who make a referral to use the safeguarding generic email on the form or send a paper copy of the form to the team. The purpose of this being for the internal safeguarding team to have oversight of all referrals made by the Trust and to quality assure these as they come in so that if additional information is required this can provide without delay. The team have undertaken work around this through training, supervision and highlighting at divisional governance, however this continues to be a problem. Further work is plan on this moving into 2024/25.

Safeguarding Children Supervision

Safeguarding children supervision is a formal process of professional support and learning which enables practitioners to develop knowledge and competencies and assume responsibility for their own practice in a safe and supportive environment.

Safeguarding children have a robust process and policy in place for safeguarding supervision, which includes a programme of quarterly group and one to one supervision across targeted areas throughout out the Trust. The areas targeted are those where safeguarding children activity is likely to be higher, e.g., sexual health services, specialist paediatric nursing services, ED and Urgent Care and Midwifery. However, the safeguarding

team also offers direct safeguarding supervision to ward leaders within paediatric wards/departments across the organisation, as well as ad hoc supervision where necessary.

A Peer Review Group is run by the Named/Designated Doctors and meets monthly. The group is meant for paediatric medical staff to review specific safeguarding cases, and review documentation and medical reports that has been produced as part of the safeguarding process.

Named professionals receive safeguarding supervision 3 monthly via the Designated Safeguarding Professionals within the ICB.

Supervision sessions have continued to be delivered during 2023/24 with alternative methods of delivery being offered. Most sessions have been via teams as this has seen an improvement in attendance to sessions as staff have found teams a more convenient option, however face to face sessions have also been undertaken with hybrid options also available.

Safeguarding Training

The safeguarding training has been developed in line with Learning and Development support; therefore, the safeguarding teams currently facilitate:

- Safeguarding level 1, 2 and 3 for both children and adults.
- All the training has been reviewed in line with national developments and includes themes from safeguarding referrals, incidents as well from local safeguarding reviews.

The Trust target for training is **90%** compliance; however, the national target is **80%.**

Mandatory Training Data Overview

Safeguarding Training Level	2021/2022	2022/2023	2023/2024
SGA Level 1	88%	89%	90%
SGA Level 2	74%	83%	87%
SGA Level 3	75%	87%	90%
SGC Level 1	88%	89%	89%
SGC Level 2	82%	86%	90%
SGC Level 3	78%	92%	97%
Prevent (Basic Awareness)	89%	90%	95%
Prevent WRAP	97%	98%	97%
Prevent Update			86%

PREVENT

Prevent is part of the Governments counter-terrorism strategy known as CONTEST. Raising awareness of the health sectors contribution to the Prevent strategy is crucial as we are best placed to identify individuals who may be groomed into terrorist activity. All clinical staff within the Trust are required to undertake PREVENT WRAP (Workshop to Raise Awareness of Prevent) training, this is being provided through induction for new starters to the organisation and was delivered through Mandatory training for existing staff across the Trust, this is a one-off session and thereafter staff are required to undertake a yearly update which is achieved through the nationally approved online eLearning training package. Non-clinical staff are required to undertake Prevent Basic Awareness training; competency is gained from completing the same national approved E-Leaning Programme every 3 years.

SFHFT continues to see the highest compliance rates for PREVENT training across the county, with neighbouring organisation requesting advice on how SFH have achieved and maintain these high levels. Incorporating this training into the trust side training has been pivotal in maintaining such high standards.

Compliance for PREVENT WRAP has seen a slight decrease during 2023/24 from 98% in 2022/2022 to 97%. This remains above the trust compliance rate of 90%. Compliance for PREVENT basic awareness has also seen an increase from 90% to 95%.

Safeguarding Children Level 1

Training is completed using E-Learning delivery through induction and mandatory training programmes.

Safeguarding Children Level 2

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

Safeguarding Children Level 3

Safeguarding Children level 3 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.

The figures highlight that Level 3 safeguarding children training has shown a further increase during 2023/24 from 92% in 2022/23 to 97%. These figures are reflective of the effectiveness of the safeguarding team training forming part of the trust mandatory and induction training programmes.

9. Learning Disability

Through the year 2023-2024, the Specialist Learning Disability nurse has worked on a range of priorities as well as being reactive to patient need as required.

Work continued with flagging and alerts on the SystmOne, Nerve Centre and CareFlow operating systems. When someone with a suspected or known Learning Disability (LD) arrives at the trust, the aim is to check that they have appropriate notifications on all available systems. The aim is to allow for the level of learning disability to be recorded alongside other vital information and to document any reasonable adjustments that may be required for the person.

Front-of-house plans continue to be in place for Emergency Department (ED) staff, provided by the LD specialist nurse. This is a snapshot document in a traffic light format of people with LD who may have complex needs and is an action plan of what needs to be completed in terms of meeting this person's requirements, who should be informed of their admission, how any reasonable adjustments that the person requires can be provided along with other important information.

Learning Disability and Autism Training

The Health and Care Act 2022 introduced a requirement that regulated service providers ensure their staff receive training on learning disability and autism which is appropriate to the person's role. As an organisation SFH have been providing all patient facing staff with Learning Disability training for many years except for medical and dental staff where the requirement has been advisory. This training is delivered via the trust mandatory and induction training programmes. Current trust compliance rate is 85% and this is monitored through quarter/annual assurance reports presented to Safeguarding Steering Group (where Learning Disability leadership sits), Patient Safety Committee and Quality Committee.

Moving forward the government are wanting The Oliver McGowan Mandatory Training on Learning Disability and Autism to be the standardised method for delivery of this training across health and social care, however there is still a lot of work to do around rolling this out with local ICBs being given the task of developing local delivery plans. Nottinghamshire ICB has commenced this development with regular working groups established (which SFH are represented on). The first stage of e learning for this training is now available to all staff at SFH. The level 1 and 2 face to face training will be made available but there is still work to do before this can be rolled out across the Trust.

The LD Nurse has been delivering bespoke training to the midwifery team as part of their monthly development update day. The LD Nurse will also be delivering training to the end-of-life champions in August.

The aim of the training is to improve care for people with Autism and Learning Disabilities in mainstream hospitals using case studies and ensuring all staff understands the needs of patients with Learning Disabilities and Autism. The LD specialist nurse continues to try and help hospital staff to differentiate between a learning disability and a learning difficulty, the latter of which can include dyslexia, dyscalculia.

It remains unclear how training will be delivered from April 2025. It is a possibility that the LD Nurse Specialist will move back to providing this face to face in order to ensure that training is more Trust specific.

Mandatory Training Data Overview

Activity	Q1 2023 -2024	Q2 2023-2024	Q3 2023-2024	Q4 2023-2024
LD Training	Learning Disabilities Workbook (also included in Mandatory update workbook) 1814	82%	85%	88%

MCA/Best interest

Throughout the year, the LD specialist nurse continued to provide advice and support to the LD population regarding any new policies and procedures to ensure the Trust is complying with national guidance. In accordance with best practice guidelines, the LD specialist nurse promotes that people with learning disabilities are offered consistent, individual-centred support through their entire hospital stay/visit. The LD specialist nurse continues to be a conduit of communication between the LD teams in the community and the hospital. The LD specialist nurse continues to remind ward staff of the importance of ensuring that traffic light documents are utilised and promotes these being used in the hospital for LD patients.

The LD specialist nurse continues to ensure that clinical staff are working within the framework of the Mental Capacity Act 2005 to ensure that best interest meetings are taking place around decision making and working alongside carers and families of patients. The LD specialist nurse continues to ensure that if a patient is being deprived of their liberties that the appropriate DoLS applications are made for the patient.

NHS Improvement Standards

The LD Specialist nurse has submitted the data for the NHS improvement Standards on behalf of the Trust to help measure the quality of care that is provided to patients with learning disabilities and autism (LD&A). The national report must go through the NHS

England/Improvement publications process, after which the bespoke reports are released. The results from the year 6 of the benchmarking project for NHS England Learning Disabilities Improvement Standards are due to be released in June 2024. The LD Nurse has registered as the project lead for SFHFT and will receive a copy of this trust's bespoke report. Once the report is published, an action plan will be formulated to ensure SFHFT are working towards improving services and providing an equitable service for people with LD&A. The action plan will be monitored through the Safeguarding Steering Group governance arrangements.

ReSPECT

A learning disability on its own is never a reason not to perform CPR, although there may be other comorbidities that mean that CPR or other treatment would not be in the person's best interest. It is these co-existing conditions that require citing and not the individual's learning disability.

The LD specialist nurse continues to remind staff about ReSPECT and those terms such as "learning disability" and "Down's syndrome" should never be a reason for issuing a DNACPR order or be used to describe the underlying, or only, cause of death. The LD specialist nurse attends the ReSPECT steering group for oversight from an LD perspective.

Learning Disabilities Referrals

	Q1 2023 - 2024	Q2 2023-2024	Q3 2023-2024	Q4 2023-2024
LD flagged patients to LD specialist nurse	46 Figures lower due to gap in service provision	76	99	76

LeDer - Learning Disability Mortality Review

During the past year, it has continued to be evident that the learning disability population is an at-risk group. This is due to the multiple co-morbidities of this cohort of patients and added health needs whilst in hospital. The 2022 Learning Disabilities Mortality Review (LeDeR) found the median age at death was 63 for adults with a learning disability. This is significantly less than the median age of death of 82 for men and 86 for women in the general population. This means the difference in median age at death between adults with a learning disability and the general population is 19 years for men and 23 years for women.

The LD specialist nurse continues to work with the ICB (Integrated Care Board) and the Learning Disabilities Mortality Review (LeDeR) Programme team to ensure the trust works in accordance with national guidance for the LeDer programme. Bi-monthly meetings take place whereby feedback is shared on data submitted by the Trust which is shared within the Learning from Deaths group to discuss cases and to highlight good areas of practice and areas which may be improved.

Analysis

Since commencing post, The LD specialist nurse has taken the lead on NHSE & NHSI Learning Disability Improvement Standards project which reflects the strategic objectives and priorities described in national policies and programmes, those arising from Transforming care for people with learning disabilities –next steps, and the Learning Disabilities Mortality Review (LeDeR) programme. The LD specialist nurse has provided guidance on a number of complex cases that have come through the Trust to ensure safe and timely discharges for these cases. The LD specialist nurse has also worked alongside DCU and theatres on number of complex anaesthetic cases with positive results.

People with a learning disability or autism should receive the same degree of protection and support when in hospital. This may mean providing additional support including by making reasonable adjustments. The LD specialist nurse continues to ensure that these adjustments are being made for learning disability patients.

The LD specialist nurse has been present throughout the year and has been a point of contact to ensure that the trust is working towards national standards for learning disability patients and has attended and co-ordinated best interest meetings between care providers, carers and the wards and has been working alongside the bereavement and PETs teams to promote positive working between the local community teams and care providers.

Moving into next year the priorities from a learning disability perspective:

- Oversee mandatory training in Learning Disabilities and Autism (in memory of Oliver Magowan) for all NHS staff.
- Once the NHS Improvement Standards report is published an action plan to be formulated to ensure we are working towards improving services and providing a equitable service for people with LD&A.
- Continue to oversee ReSPECT documentation and Mental Capacity in respect of Learning Disabilities.
- Continue to review the LD care plan to ensure its effectiveness for both staff and patients.
- To begin to support ward staff to look at discharge planning as part of admission within the LD care plan.
- Continue to oversee that LeDeR policy is embedded, ensuring that all LD and Autism deaths receive an SJR and these are reported to LeDeR.

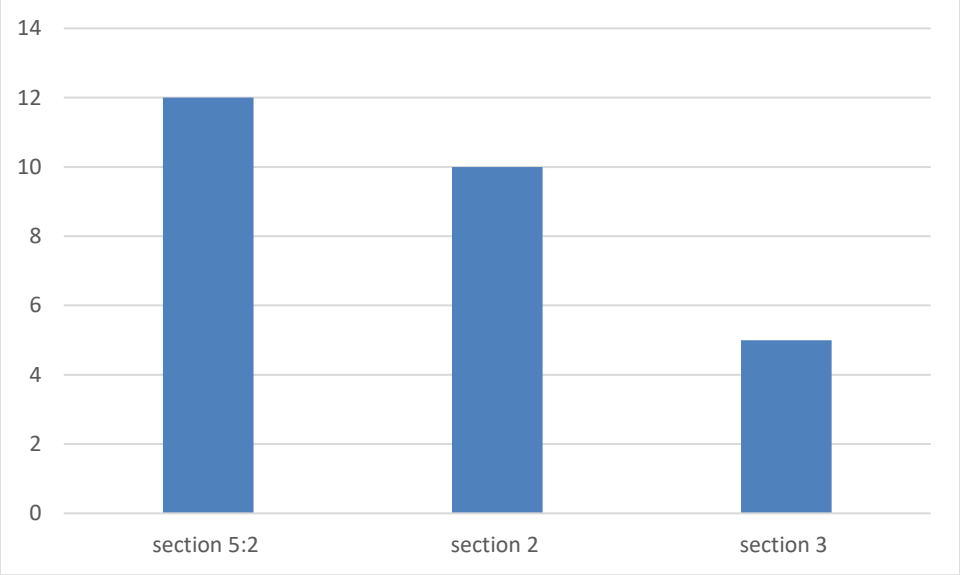
- Support the LeDeR process by working alongside the LeDeR reviewers within the ICB to ensure timely, appropriate information is shared.
- To continue to provide leadership and guidance to ward staff with complex cases that come through the Trust.
- To continue to ensure that all of the appropriate flags are added to systems and reminders created on SystmOne to alert ED clinicians.
- To welcome and induct the new complex care nurse into post in October.

10. Mental Health

The Mental Health Strategy for the Trust previously agreed has seen limited progress as the mental health specialist nurse post was vacant for most of the year. The key priorities remain valid with a significant theme being that of supporting clinical staff in gaining a greater level of understanding and confidence in addressing situations in which mental health is a component.

The relationship between SFH and Nottinghamshire Healthcare Trust Mental Health Act office remains positive and there is a dedicated administrator who scrutinises all detention paperwork for patients detained at SFH. There has been consistent review with the MHA office of each case whereby SFH has been the detaining authority. There have been no deficits identified on any occasion. A quarterly report is distributed from the MHA office, and this has showed complete consistency with the details generated within the Hospital giving assurance that requirements of the legal framework are consistently being met

The number of MHA detentions with the Trust being the detaining authority for 2023/24 is as follows:



Detentions under sections 5(2), 2 and 3 of the Mental Health Act remain broadly consistent with last year. Aside from this a significant number of patients experiencing a mental health crisis continue to attend ED to be seen, which in part may be due to the lack of immediate access to alternative services in the community. This has also led to a demand for mental health specialist beds which has frequently led to a delay in accessing such a bed with increased waiting times for transfer from the Trust.

There remains a gap in the information sharing between the Trust and Nottinghamshire Healthcare NHS Trust relating to how the Liaison Psychiatry Service is meeting its declared aims of assessing patients. Whilst an information sharing agreement was agreed two years ago, there remains no mechanism for the active sharing of information and for addressing

strategic matters between the Trusts. The Operational Procedure for Liaison Psychiatry was last shared two years ago.

The MH nurse specialist post has been appointed to, and during the following year will continue to be visible throughout SFH in promoting her role through meetings, training, and ward visits.

From a safeguarding perspective the Named Nurse for Safeguarding Children maintains oversight of cases working closely with the Mental Health Specialist nurse as needed.

The development of pathways for children and young people into ED will remain as a priority for next year with a view that this provides a safer, more effective process for both staff and patients.

12. Restrictive Practice, Security Management & Violence Reduction

Sherwood Forest Hospitals NHS Foundation Trust is committed to providing high quality care to the users of its services and supporting the wellbeing of its staff.

The Trust is committed to ensuring that all staff are suitably educated and trained to enable them to undertake their duties safely, support their wellbeing and users of Trust services.

To minimise risk and to better align services to support staff, patients, and external agencies the Security Management function moved over to Safeguarding in April 2024 to align as one speciality to support, advise and ensure we meet our contractual targets and standards.

Restrictive practice core objectives:

- Provide training, education and advice regarding de-escalation and restrictive practices.
- To examine incident forms for physical/ verbal assaults and use of restrictive practices/restraint to identify the current risks posed to service users, staff, and stakeholders.
- To use this information to identify any potential updates to training requirements.
- To identify any gaps and provide recommendations and/or solutions to ensure that the training meets the needs of the service, in line with national guidance and legal frameworks.
- To maintain a safe and therapeutic environment to deliver care to patients.
- To maintain dignity through individualised compassionate care, with de-escalation being at the forefront of all interactions
- To improve health and wellbeing (including physical and mental) of staff and service users
- To focus on de-escalation/distraction techniques before considering the use of physical, chemical, or mechanical restraint, with a view to promoting restraint reduction
- To provide advice, support, and guidance regarding restrictive practices
- To facilitate de-briefs following staff involvement in the management of violence and aggression and restrictive practice.

Service Alignment

In early 2024 a review was commenced on the service provision for Security Management, Restrictive Practices & Violence Reduction. It was agreed that the service needed to focus more on clinical interface and delivery with corporate responsibilities. As the safeguarding team already consists of services delivered to the organisation most vulnerable patients and evidence demonstrating the majority of restrictive interventions and security incidents are related to this cohort the decision was made that this service would best sit under the Safeguarding portfolio, therefore the service provision was moved from Estates & facilities over to Safeguarding in April 2024.

Managing Challenging Behaviour (MCB) and Restrictive Practices Training April 2023 to March 2024

Training Figures Year End 23/24	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Number of planned delegates	368	286	247	130	**1031**
Number of DNA	108	88	84	32	**312**
Number of additional delegates	2	9	15	1	**27**
Number of actual delegates	262	207	178	94	**741**
Courses cancelled	0	6	7	7	**20**

This training currently consists of a full day face to face training covering legislation, de-escalation, break away and physical intervention skills. Staff attending the full day are also expected to complete an E-Learning package prior to attendance. Updates are required on a 2 yearly basis, with a view to provide drop-in clinics periodically for best practice to ensure staff feel confident using the required techniques.

We are proud to have a robust working ethic with our training partners 'IKON Training.' We have collaborated closely with our partners for over 5 years. This has enabled us to evolve and expand our knowledge and training base to better meet the need of our staff and service users. We are proud to say that our training meets the current restraint reduction network standards (RRN) and are looking at further opportunities to deliver more bespoke training to our staff.

There are 109 courses available for 2024, which provides spaces for 1308 delegates to attend. Each course caters for a maximum of 12 delegates per session. 1446 Nurses and HCAs, across the wards, currently receive the 1-day face to face MCB physical skills training.

The emphasise on opening training provisions to all clinically based staff was to provide clinicians with a 5 stage model of restrictive physical skills that can be increased or decreased depending on the circumstances to safely manage patients displaying behaviours that challenge as a last resort, the emphasis always being to use verbal de-escalation or distraction techniques as the preferred method of defusing potentially volatile situations, provide knowledge of Common & Criminal Law and use of force legislation.

The Trust Violence Reduction Instructor/Advisor and Restrictive Practice Specialist Practitioner continue to be reaccredited on an annual basis by IKON conducting a Train the Trainer package to maintain assurance that knowledge and skills are always current and in line with Restraint Reduction Network standards.

Medirest are the approved appointed Facility Management Contractor for providing a manned security presence throughout the Trust. All security staff have received the IKON Managing Challenging Behaviour & Restrictive Practice Training with Enhanced Security Level Holds.

Conflict Resolution Training April 2023 to March 2024

Training Figures Year End 23/24	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Number of staff trained Corporate Division	32	29	27	25	**113**
Number of staff trained CTSO Division	73	84	80	82	**319**
Number of staff trained Medicine Division	86	86	85	98	**355**
Number of staff trained Surgery Division	91	100	97	102	**390**
Number of staff trained Urgent & Emergency Care Division	41	45	52	80	**218**
Number of staff trained Women & Childrens Division	52	62	43	55	**212**
					1607

Key areas of focus

A full-service review is taking place, supported by an updated training needs analysis. As a result, an options appraisal was approved by the quarter 4 Trust Safeguarding Committee. This provides recommendations to move forward and further embed a safety culture across the organisation.

- Recommend MCB training to be made essential training for all clinical staff.
- Recommended a tiered training programme across the Trust.
- Conflict resolution training to be delivered face-to-face as part of the tiered training programme (to reinforce de-escalation training and communication styles awareness to all staff as a baseline).
- Look at the option of having a clinical response team for restrictive practices, to support departments and ensure a full clinical approach and management structure. (Security services are currently not contracted to undertake RP for clinical issues)
- Continue to communicate the requirements for clinical teams to record restraint/restrictive practices on Datix as per policy.
- Continue to communicate the requirement for documentation in the nursing notes and adult body map as per policy.
- The Practitioner for Restrictive Practice interviews August 29th 2024.
- To develop and look at implementation of Trauma Informed Practice programme.
- To develop and look at implementation of ACE's programme.

Security Management

Sherwood Forest Hospitals NHS Foundation Trust is committed to the delivery of an environment for those who use or work in the Trust that is properly safe and secure so that the highest possible standard of clinical care can be made available to patients. Security affects everyone who works and uses the NHS. The security and safety of staff, patients, carers and assets is a priority of the trust within the development and delivery of health services.

All Trust staff have a responsibility to be aware of these issues and to assist in preventing security related incidents or losses. Reductions in losses and incidents relating to violence, theft or damage will lead to more resources being freed up for the delivery of patient care and contribute to creating and maintaining an environment where all staff, patients and visitors feel safe and secure.

The Trust board is fully committed to ensure the new security management standards defined in service condition of the NHS Standard Contract, are adhered to and compliance maintained. The security management clauses in the NHS Standard Contract.

The overriding principle for security management is to support the Trust to provide high quality healthcare in safe and secure environments which protects patients, staff and visitors, their property, and the physical assets of the organisation. To achieve this security management must be manged effectively, efficiently, and proportionately.

Security Management is an increasingly changing and challenging task that can be improved, and crime can be reduced by targeting work effectively and building in anti-crime measures at all stages of Trust and local policy/procedure development and reflecting wider NHS and government initiatives where appropriate. To ensure compliance with the NHS Standard Contract, the trust will complete an Organisational Crime Profile and undertake an annual review of the security management workplan. The review will inform future security related work plans and assess the effectiveness of prevention activity and improve future initiative-taking work. To reduce crime and improve security, it is necessary to take a multi-faceted approach that is both proactive and reactive.

Security Management core objectives:

The Trust acknowledges the key objectives and principal requirement under the Secretary of States Direction to undertake work in support of the National NHS Security Management Strategy, all aspects must be met under the NHS Standard Contract for providers.

The Security Management Standards are set out in four key sections:

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

Assault Figures 1st April 2023 to 31st March 2024

Category of physical assault	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Slap / Kick / Punch	47(43)	44 (94)	49 (54)	72 (34)	**172 (225)**
Scratch / Pinch	8 (8)	16 (8)	13 (13)	14 (9)	**51 (38)**
Bend or Twist to Finger / Wrist	2 (5)	9 (4)	1 (2)	4 (0)	**16 (11)**
Bite	2 (1)	3 (7)	2 (3)	5 (3)	**12 (14)**
Spitting	4 (3)	7 (4)	1 (4)	6 (5)	**18 (16)**
Push / Grab/ Hit	26 (31)	48 (48)	48 (36)	36(20)	**194 (135)**
Hit with object	2 (2)	3 (10)	4 (10)	5 (2)	**14 (24)**
Total	**91 (93)**	**130 (175)**	**118 (122)**	**149 (73)**	**488 (463)**
Clinical condition recorded	157 (136)	166 (225)	132 (162)	134(145)	**589 (668)**
Restraint/Restrictive Practices	171 (153)	159 (212)	151 (166)	142(146)	**623 (677)**
Non Physical assaults					
Verbal abuse	142 (142)	183 (228)	130 (155)	129(121)	**584 (646)**
Verbal abuse (telephone call)	3 (0)	2 (5)	5 (0)	0 (0)	**10 (5)**
Reported Thefts					
Theft of trust property	0 (0)	0 (1)	0 (1)	0 (3)	**0(5)**
Theft of personal property	2 (9)	8 (16)	8 (6)	6 (8)	**24(39)**
Criminal Damage	1 (1)	1 (1)	1 (0)	2 (0)	**5 (2)**

Figures for 2022/2023 in brackets

Number of incidents of physical assault recorded on the trust datix reporting system.

Total number of incidents reported on Datix classified as Physical Assault	488 (463)
Number of incidents which had an indication that there was a clinical condition	589 (668)

Figures for 2022/2023 in brackets

Policies & Strategies

Policy/Strategy	Review Date	Status
Policy for the use of Restrictive Practices Policy	June 2026	
Security Policy	July 2027	
Violence & Aggression Policy	July 2024	
Management of Prisoners Policy	June 2024	
ID & Access Policy	July 2024	
CCTV & Body Worn Video Policy	November 2024	
Search Policy	February 2024	**Under Review**
Lockdown Policy	August 2024	
Terrorism & Bomb Threat Policy	N/A	**Under development**

Violence Reduction Policy	N/A	**Under development**
Security Strategy	March 2024	**Currently under review**
Violence Reduction Strategy	N/A	**Under development**

13. Conclusion

The integrated safeguarding team has continued to progress the safeguarding agenda significantly within the Trust during 2023/24. The 'Think Family' approach ensures that safeguarding is everyone's business and the impact on adults, children and families is clearly understood by all staff groups to identify and respond to concerns/disclosures in line with legislative and professional responsibilities.

Work to embed the Mental Capacity Act/Deprivation of Liberty Safeguards into clinical practice will 'Voice of the Child' is heard within care delivery at Sherwood Forest Hospitals as well as ensuring we are meeting our safeguarding strategic priorities.

14. Priorities for 2024/2025

SFHT recognises safeguarding remains a priority within our care and service delivery. We will work to maintain that system safety processes are in place. We will build on established work and strengthen our approach by aligning with the Trust strategic objectives.

- Whilst we have seen safeguarding training compliance increase over the last year during 2024/25 there will be a focus on reviewing safeguarding training, its effectiveness and impact. Ensuring it continues to meet the necessary standards but that what is learnt is being translated into practice.
- Implementation of the new trust audit programme.
- Continued focus on MCA legislative compliance.
- Further service reviews to be undertaken around Learning Disabilities and Mental Health.
- Development of service delivery plans and KPIs for the newly formed Violence Reduction Service, aligning to national standards.