Outstanding Care,
Compassionate People,
Healthier Communities

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Safeguarding & Vulnerability Team

Annual Report

2024/25

Contents

1. Foreword

It is my privilege to present the Safeguarding & Vulnerability Annual Report for 2024/25. This report highlights the work undertaken across the Trust in relation to safeguarding adults and children, outlines key developments, and sets out our priorities as we move forward into 2025/26.

Sections 9, 10, and 11 provide a detailed account of the work carried out in the areas of mental health, learning disabilities, and Security & Violence Reduction inc. restrictive practice. These areas sit within the remit of the safeguarding team and the portfolios of the Chief Nurse and Head of Safeguarding. While they extend beyond safeguarding alone, they reflect the important connections between these domains and the heightened vulnerabilities experienced by these groups.

This report offers assurance to the Trust, our patients and their families, as well as our partner agencies, that safeguarding remains a central priority. We are committed to ensuring that all staff understand that safeguarding is everyone's business and recognise the vital role each of us plays in delivering safe, compassionate, and outstanding care.

Phil Bolton Chief Nurse

2. Introduction

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) has a statutory duty to ensure that all services delivered by the organisation have robust and effective systems in place to safeguard adults, children, and young people who may be at risk of abuse, neglect, or exploitation.

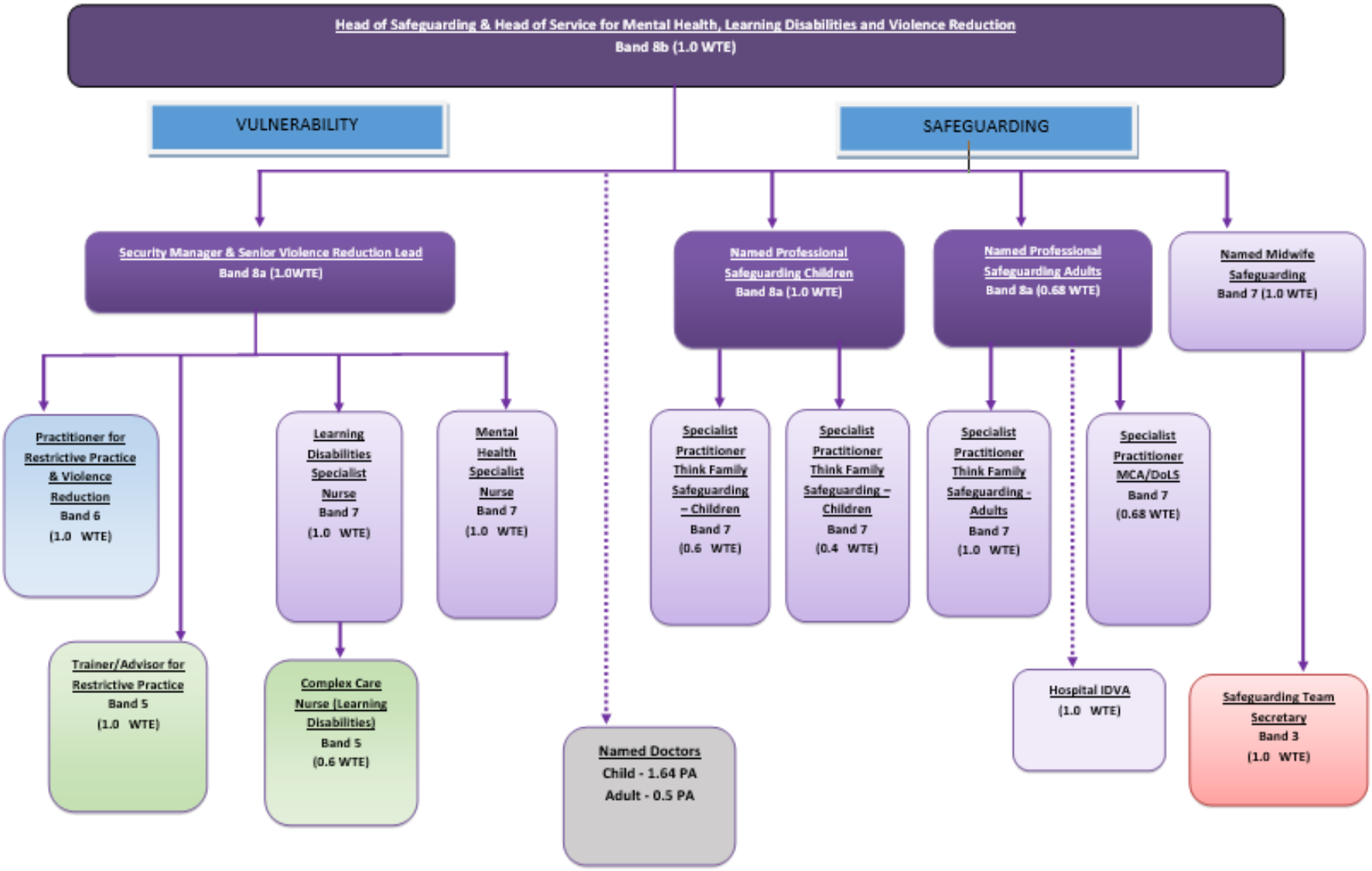
The purpose of this report is to provide a summary of safeguarding activity within SFHFT during the period 2024/25. This activity has been evaluated against agreed objectives, aligned with the requirements of the Nottinghamshire Safeguarding Adults Board (NSAB) and the Nottinghamshire Safeguarding Children Partnership (NSCP), as well as national and legislative frameworks including the Care Act 2014 and the Children Acts 1989 and 2004. The report also sets out priorities and actions for the forthcoming year (2025/26).

Specifically, the report seeks to:

- Provide assurance to the Trust Board that SFHFT is meeting its statutory safeguarding responsibilities.
- Offer assurance to service commissioners and regulators (e.g., CQC and NHS Improvement) that the Trust's safeguarding activity has strengthened prevention of abuse, reduced harm, embedded MCA/DoLS into clinical practice, and promoted the principles of *Making Safeguarding Personal*, ensuring that the *Voice of the Child* is heard.
- Inform Trust staff and managers of the safeguarding team's activity, its role, and the support it provides to operational and clinical services.
- Reassure patients, service users, and carers that safeguarding children and adults remains a core priority for the Trust.

In addition, the report provides an overview of safeguarding developments both locally and nationally over the past 12 months. It highlights how these changes have influenced the Trust's safeguarding practice and demonstrates how we continue to work in partnership to ensure that patients and their families across Nottinghamshire are protected.

Safeguarding & Vulnerability Team Structure



4. Key National Themes

Contextual Safeguarding

Contextual Safeguarding remains a priority at both national and local levels. Increasingly, children and young people are experiencing significant harm outside their family environment. This approach recognises that relationships formed in neighbourhoods, schools, and online can involve violence and abuse. Parents and carers often have limited influence over these settings, and experiences of extra-familial harm can strain parent-child relationships. Contextual Safeguarding therefore broadens the scope of child protection systems, acknowledging that young people may be vulnerable to abuse beyond the home.

Children and Young People at Risk of Exploitation

Data for 2024/25 indicates a continued, though more gradual, decline in the number of children affected by child exploitation across Nottinghamshire. Despite this positive trend, the NSCP maintains child exploitation as a key priority, and SFHFT remains committed to supporting this vulnerable group throughout the year.

The Emergency Department (ED) and Urgent Care Centre (UCC) continue to use the Child Sexual Exploitation (CSE) screening tool introduced in 2018. SFHFT is among the few acute hospitals that routinely screen all children aged 10 and above presenting to ED/UCC for CSE. This tool is embedded within the ED triage process and is regularly audited as part of safeguarding documentation reviews. Work is underway to incorporate Child Criminal Exploitation (CCE) into the tool, with implementation planned for next year.

SFHFT also provides representation at the Multi-Agency Sexual Exploitation (MASE) group, ensuring local oversight of CSE cases and facilitating information sharing with partner agencies to protect vulnerable children and young people. Those identified as at risk are flagged within the Trust's Sexual Health Services and ED systems, enabling staff to access vital information for effective and safe risk assessments.

In addition, SFHFT has worked closely with the NSCP under the Child Exploitation Strategy 2024–2026. This partnership reflects a shared commitment to Tackling Child Exploitation (TCE), with SFHFT collaborating with statutory safeguarding partners and other stakeholders across Nottinghamshire and Nottingham City. Together, we are embedding the '4P Model'—Pursue, Protect, Prevent, and Prepare—into practice. This framework aims to disrupt harm, build resilience in individuals and communities, raise awareness, and address exploitation at its source. The model informs both the TCE steering group's action planning and individual plans for children impacted by exploitation.

Moving forward into 2025–2026, SFHFT will maintain its strong commitment to Tackling Child Exploitation (TCE) by continuing representation on the TCE Steering Group and supporting the development of the action plan. In addition, we will explore ways to further embed our work around safeguarding children at risk of exploitation and address any gaps identified through ongoing review and collaboration.

FGM (Female Genital Mutilation)

The Named Midwife for Safeguarding continues to work across the Trust to ensure SFHFT meets its statutory responsibilities under the Serious Crime Act 2015. To maintain compliance and provide assurance to the Board that colleagues are competent and confident in recognising and responding appropriately, Female Genital Mutilation (FGM) remains a key component of the Trust's in-house Safeguarding Think Family training programme.

SFHFT has clear guidelines on FGM, focusing on recognising, reporting, and safeguarding, as well as managing women who have undergone FGM. Each year, ahead of the school summer holidays, an 'iCare' communication is issued to remind colleagues that this period is often referred to as 'cutting season,' when the risk of FGM is highest. It is essential that all staff remain vigilant for signs and indicators of FGM and initiate an urgent response via the police and Children's Social Care if a girl presents with trauma as a result. This year's 'iCare' will reinforce this message.

Following work undertaken by the FGM lead during 2024–2025, an 'Ask 5' audit was launched across all wards to assess the impact of last year's focus on FGM. This audit began in Quarter 4, and full results will be available for the 2025–2026 annual report. However, initial data suggests that further work may be required.

Looking ahead to 2024/2025, FGM will remain a key priority, with more targeted and specific work planned across all areas of the organisation to strengthen awareness, prevention, and response.

Modern Slavery

Modern Slavery was introduced as a distinct category of abuse for adults at risk under the Care Act 2014. It involves the recruitment, movement, harbouring, or receipt of children or adults through force, coercion, abuse of vulnerability, deception, or other means for the purpose of exploitation. Victims may be trafficked into, out of, or within the United Kingdom for various forms of exploitation, including sexual exploitation, forced labour, domestic servitude, and organ harvesting.

The Modern Slavery Act 2015 identifies modern slavery as both a national and local priority. Safeguarding Adult Boards require assurance that staff can recognise and respond appropriately to potential cases and know when and where to refer concerns. In compliance with Section 54 of the Act, the Trust publishes an annual Modern Slavery Statement outlining the steps taken to identify and mitigate modern slavery risks.

SFHFT staff work directly with survivors of modern slavery, and the Trust's Think Family safeguarding training programme includes specific content on modern slavery. This ensures colleagues are equipped to recognise the signs and respond effectively.

During 2024–2025, SFHFT will continue to develop its annual Modern Slavery position statement and remain vigilant to any emerging or increased risks within operational activity and supply chains.
There will also be a sustained focus on ensuring staff understand how to identify and respond to concerns or disclosures of Modern Slavery, alongside other forms of exploitation.

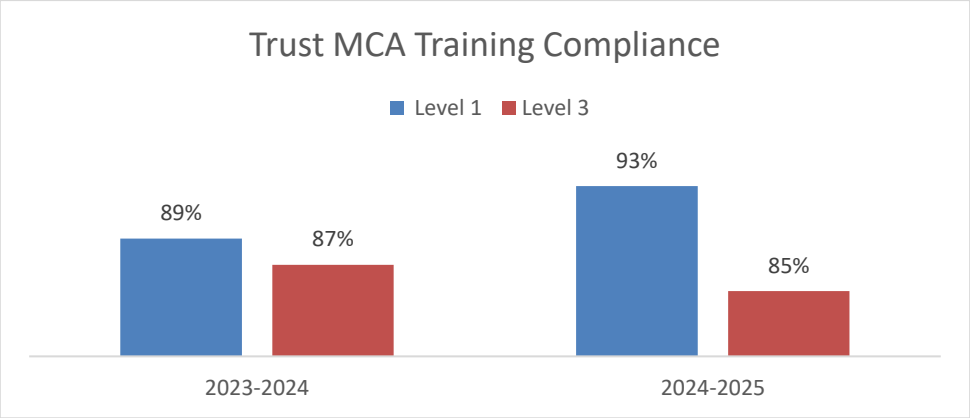
MCA/DOLs

During 2023–2024, the Trust commissioned a Patient Safety Incident Investigation (PSII) under the Patient Safety Incident Response Framework (PSIRF) following several incidents related to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). In addition, a 360 Assurance audit was undertaken, resulting in a Limited Assurance outcome. Both reviews highlighted similar themes, including resource constraints, audit and data availability, quality of documentation, and training.

In response, a Trust-wide development plan was created, combining actions from both reports. Progress is monitored through the MCA/DoLS Working Group, chaired by the Associate Medical Director, with updates reported to the Safeguarding and Patient Safety Committees.

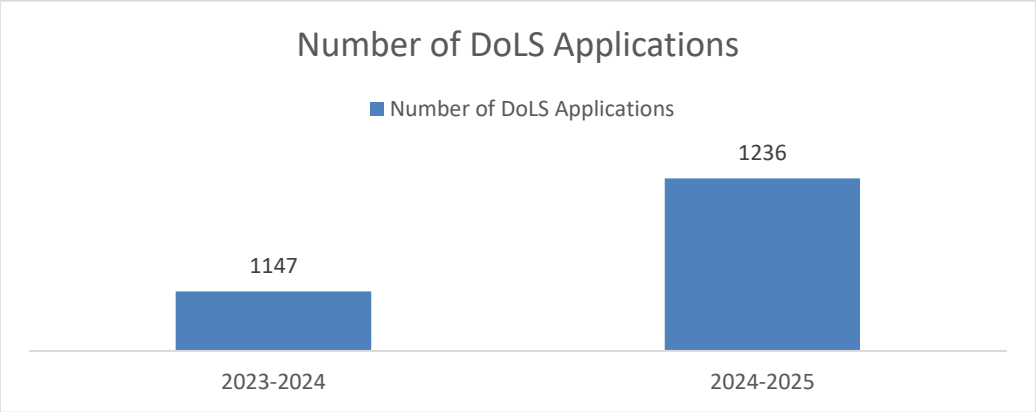
The MCA/DoLS audit process has been revised, and the MCA Lead has developed a new audit proforma using AMAT. A timeline for implementing a comprehensive audit programme is in development, with the aim of establishing a locally driven process during 2025–2026. This will provide more accurate data on the Trust's position and track improvements resulting from the development plan.

Training compliance for MCA is reviewed monthly and shared with divisions. While Level 1 compliance has improved, Level 3 compliance has shown a slight decline, as illustrated in the graph below.



The working group is currently reviewing the safeguarding training delivered across the Trust and conducting a training needs analysis to identify any gaps in learning, content, or delivery.

Oversight of Deprivation of Liberty Safeguards (DoLS) applications has continued, with reactive responses to cases where a DoLS should have been submitted but was not. The number of recorded DoLS applications made by the Trust is as follows:



There has been an increase in the number of DoLS applications submitted by the Trust; however, challenges remain for the local authority in completing Best Interest Assessments. As a result, no DoLS authorisations have been granted. In most cases, patients have either been discharged or regained capacity before the assessment could be undertaken by the local authority.

Moving into 2025–2026, MCA/DoLS will remain a key area of focus for SFHFT. Particular emphasis will be placed on actions identified within the MCA PSII and 360 reviews, including:

- **Further development of audit processes to embed learning and measure impact**
- **Comprehensive training needs analysis to ensure staff competence and confidence**
- **Assessment of resource capacity to support effective implementation**
- **Strengthening the quality of documentation to improve compliance and assurance**

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

This remains a key driver and a fundamental principle of safeguarding adult practice. The team continues to strengthen person-centred care and seek assurance on safeguarding standards to promote excellent care and treatment for adults who require support.

We recognise that gaining the views of people with lived experience in safeguarding can be challenging, as individuals often do not wish to discuss their experiences. However, during 2025–2026, we aim to explore ways to achieve this and develop services through co-production, ensuring that the voices of those with lived experience inform and shape our approach.

Moving into 2025–2026, SFHFT will continue to strengthen and embed a person-centred approach across all safeguarding activity.

Making Safeguarding Personal (MSP) will remain a core element of the Trust's 'Think Family' safeguarding priorities, ensuring that the voice of the individual is central to decision-making and care planning.

Domestic Abuse

During 2024/25, the Trust has continued to commission a full-time Hospital Independent Domestic Violence Advisor (IDVA) from Nottinghamshire Women's Aid. The role remains central to strengthening the Trust's response to domestic abuse, with priorities including:

- **Staff Support:** Building awareness and confidence among staff to recognise and respond appropriately to concerns or disclosures of domestic abuse.
- **Care Transition:** Supporting safe and effective transitions from hospital to community services, ensuring wraparound support for survivors and families where risk is identified.
- **Health Outcomes:** Improving outcomes for survivors and families, ensuring that both adult and child voices are heard and reflected in care.
- **MARAC Referrals:** Supporting the growing number of referrals to the Multi-Agency Risk Assessment Conference (MARAC).
- **Workplan Development:** Progressing the Domestic Abuse workplan, aligning with wider external priorities and incorporating learning from Domestic Homicide Reviews.

Supporting Trust Staff

Since the recruitment of the Hospital IDVA, significant progress has been made in supporting Trust staff with their own experiences of domestic abuse. In 2024/25, work has continued on:

- Increasing managers' confidence in responding to staff disclosures.
- Reviewing HR processes to ensure consistent support across all levels and areas of the Trust.

This has had a positive impact, with more staff coming forward year on year to seek support—demonstrating the Trust's commitment to both domestic abuse awareness and staff wellbeing.

MARAC Engagement

The Trust continues to be represented at MARAC Steering Group meetings, ensuring the provider voice is heard. There has been an increase in requests for input into the Multi Agency Risk Assessment Conferences (MARAC) during 2024/25 which has placed additional demands on Trust resources, requiring careful prioritisation alongside other local needs.

Learning from Reviews

Lessons from external Domestic Homicide Reviews are actively incorporated into Trust learning and service delivery, strengthening safeguarding practice and driving continuous improvement. Key areas of work arising from local reviews have focused on:

- Routine Enquiry: Embedding consistent approaches to asking about domestic abuse across services.
- Professional Curiosity: Encouraging staff to look beyond presenting issues, explore underlying risks, and challenge assumptions to ensure concerns are fully addressed.

5. Safeguarding Activity

Safeguarding Children and Adults – (Quality Schedule)

The following targets set in the Trust Quality Account for 2024/25 were achieved as specified below:

- **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.**

  During 2024/25, the Trust completed a full review of safeguarding training to ensure alignment with intercollegiate standards. While compliance levels have consistently remained high, the safeguarding team has focused on evaluating the effectiveness of training—specifically whether theoretical knowledge is being translated into practice.

  Measuring Effectiveness

  To assess this, the team introduced initiatives such as:

  - 'Ask 5' Ward Audits: Safeguarding team members visited wards and asked staff five targeted safeguarding questions. Responses varied, highlighting areas of strength but also evidencing the need for further development.
  - 360 Safeguarding Assurance Audit: Commissioned by the Chief Nurse, this audit examined divisional responses to safeguarding in detail. The findings will be discussed later in this report.

  Key Insight

  The review demonstrates that while training compliance is strong, embedding safeguarding knowledge into everyday practice requires ongoing focus. These audits provide valuable evidence to guide future improvements and ensure safeguarding remains robust across all divisions.

- **Implementation of the new trust audit programme.**

  The safeguarding team has developed a new Trust-wide audit programme designed to provide clear assurance against key standards. The programme focuses specifically on:

  - Markers of Good Practice (Section 11)
  - NSAB and Partner Assurance Tool (PAT) Self-Assessment Tool
  - Actions from 360 Assurance Audits.

  Audits will be undertaken throughout 2025/26, with findings captured in audit assurance reports. Recommendations arising from these audits will be formally reported through the Safeguarding Committee, ensuring oversight, accountability, and continuous improvement in safeguarding practice across the Trust.

- **Continued focus on MCA legislative compliance.**

  Safeguarding has remained a key focus of work during 2024/25, with commissioned PSII investigations and 360 Assurance Audits providing valuable insight into current practice. In response, a Trust-wide development plan has been implemented, with priority areas including:

  - Training: Ensuring staff have the knowledge and confidence to respond effectively to safeguarding concerns.
  - Quality of Documentation: Strengthening the consistency and accuracy of safeguarding records.

- Resource Availability: Reviewing and enhancing the capacity of safeguarding teams to meet demand.
- Data Collection: Improving the quality and use of safeguarding data to inform practice and assurance.
- Audit: Embedding robust audit processes to monitor compliance and effectiveness.

This programme of work will continue into 2025/26, ensuring that safeguarding practice across the Trust remains resilient, evidence-based, and responsive to emerging needs.

- **Further service reviews to be undertaken around Learning Disabilities and Mental Health.**

  Work has commenced on service reviews, with initial process mapping exercises undertaken to examine current pathways and delivery models. These exercises have highlighted key opportunities to streamline service delivery, which will in turn create additional capacity to support ongoing service development.

  This programme of work will continue into 2025/26, ensuring that services are both efficient and responsive, while providing a strong foundation for future improvements.

- **Development of service delivery plans and KPIs for the newly formed Violence Reduction Service, aligning to national standards.**

  Key Performance Indicators (KPIs) have been developed for the newly established Violence Reduction Service, providing a clear framework for measuring impact and outcomes.

  Service Planning

  Service Delivery Plans: Currently in progress, with initial process mapping exercises undertaken to examine existing pathways and delivery models.

  Gap Analysis: A comprehensive review against NHSE standards has been completed, identifying areas requiring further development and alignment.

  Next Steps

  This structured approach ensures that the service is built on a strong foundation of evidence, compliance, and assurance. The findings from process mapping and gap analysis will inform ongoing service development throughout 2025/26, supporting the delivery of safe, effective, and sustainable violence reduction interventions**.**

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

SFHT has a statutory duty to engage in all multi-agency reviews where relevant to its services. This includes:

- Child Safeguarding Practice Reviews (CSPRs)
- Safeguarding Adult Reviews (SARs)
- Domestic Homicide Reviews (DHRs)

The Trust participates in these processes whenever it has been involved in the care of the victim, perpetrator, or their family. This ensures that learning is captured, accountability is maintained, and improvements are embedded into practice to strengthen safeguarding across the organisation.

Domestic Homicide Review (DHR)

During 2024/25, SFHFT received 12 requests for information relating to ongoing reviews. The Trust has been involved in almost all these cases, although in some instances the involvement was limited to a single presentation during the scoping period.

At present, there are no immediate actions required for the organisation. However, several key themes have been identified:

- Interpreter services – ensuring the Trust has robust policies and processes in place for the effective use of interpreters.
- Professional curiosity – promoting proactive engagement and deeper enquiry in practice.
- Routine enquiry – embedding consistent approaches across services.

SFHFT has undertaken significant work during the year to address these areas, including:

- Delivery of teaching sessions
- Circulation of 7-minute briefings
- Information cascaded through ward huddles
- Reinforcement via

Safeguarding Adults Review (SAR)

During 2024/25, SFHFT received one request for information in relation to a Safeguarding Adult Review (SAR). This case concerned an individual with limited attendance at the Trust, and the approach to progressing the case has not yet been agreed.

In addition, there have been two published SARs during the year:

1. Case One – This involved an individual with a range of physical and emotional health issues. Key themes:
    - The need to strengthen multi-agency communication and the importance of Mental Capacity Act (MCA) assessments.
    - Impact on SFHFT: No specific learning identified for the Trust, although ongoing work continues around MCA compliance.
2. Case Two – This related to a street homeless individual experiencing alcohol issues.
    - The individual did not present to SFHFT.
    - Key themes: improving coordination of support for vulnerable people and ensuring MCA assessments consider executive impairment.
    - Recommendations: All trusts were advised to review MCA training to include reference to executive impairment.
    - SFHFT response: This recommendation has been incorporated into training, and the Trust is also developing a specific policy for street homeless patients presenting to services.

Rapid Reviews & Child Safeguarding Practice Reviews (CSPRs).

During 2024/25, there were five Rapid Review requests for information, with SFHFT involved in four of these cases. The key themes emerging from the reviews included neglect, social deprivation, and physical injury.

SFHFT was also asked to contribute to the Nottinghamshire Safeguarding Children's Partnership (NSCP) panel-commissioned Learning Review concerning an ongoing case of significant neglect of a young person. While the Trust had some involvement with the individual, no specific learning for SFHFT was identified. There continues to be substantial ongoing work in Nottinghamshire around child neglect, and the Trust will remain engaged in supporting this work into 2025/26.

There were no commissioned Child Safeguarding Practice Reviews directly involving the Trust during 2024/25. Likewise, no actions for SFHFT were identified by the Child Safeguarding Practice Review Sub-group (CSPRG), which is attended by the Named Professional for Safeguarding Children.

In November 2024, the National Review Panel published its report on responding to child sexual abuse within the family environment, "I wanted them all to notice." The review explored barriers to recognising, assessing, and responding to child sexual abuse within families, as distinct from extra-familial child sexual exploitation. It highlighted a systemic failure across agencies to recognise and respond when children are at risk of, or are already experiencing, sexual abuse within their family environment.

Looking ahead to 2025/26, the Safeguarding Team will deliver training focused on sexual abuse, sexual safety, and responding to concerns. This training will ensure Trust colleagues are confident and competent in recognising signs of abuse and making appropriate referrals to relevant agencies.

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.

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) continues to maintain active engagement with the Board, ensuring consistent representation across all relevant groups and forums.

The Trust plays a key role in service developments, using the learning and outcomes from these activities to inform practice and shape the future direction of safeguarding Adults within SFHFT.

Nottinghamshire Safeguarding Children Partnership (NSCP)

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

The Trust plays an important role in multi-agency audits and developments, using the learning and outcomes from these activities to shape and influence the future direction of safeguarding children within SFHFT.

The overarching aim of the Partnership is to safeguard and promote the welfare of children and young people at risk in Nottinghamshire, working in line with the Nottingham and Nottinghamshire Multi-Agency Safeguarding Children Procedures.

This engagement ensures that SFHFT remains aligned with local safeguarding priorities, contributes to system-wide improvements, and embeds best practice across its services.

Joint Nottinghamshire Health Partnership Meeting

The Named Professionals for Safeguarding Children represent Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) at this group.
The purpose of the meeting is to provide a collaborative forum to:

- Discuss and share learning from safeguarding practice.
- Facilitate developments within local safeguarding arrangements.
- Identify gaps in current practice and explore solutions to overcome obstacles.

This engagement ensures that SFHFT contributes to continuous improvement in safeguarding across the local system, while also benefiting from shared intelligence and collective learning to strengthen its own safeguarding practice.

Nottinghamshire MASE (Multi-Agency Sexual Exploitation) Meeting

The Specialist Practitioner for Safeguarding Children represents Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) at the County MASE.

The purpose of this group is to provide oversight of individual young people who are either:
on the police CAROSE list, or subject to Child Sexual Exploitation (CSE) strategy meetings, particularly where there is a high level of risk or concern that existing plans are not reducing risk effectively.

Key Functions of the MASE Panel

- Scrutiny and Challenge: Providing professional oversight, guidance, and challenge to ensure safeguarding plans are robust.
- Intelligence Sharing: Exchanging information on CSE activity to support mapping, profiling, and analysis of exploitation across the county.
- Investigation Support: Generating intelligence to inform police investigations and identify emerging trends or problem locations.
- Perpetrator Oversight: Monitoring known perpetrators, particularly where multiple children may be targeted, to ensure coordinated action is taken.

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 attendance was not consistent

across all meetings during the past year, a formal attendance agreement has now been confirmed for the coming year.

The Hospital IDVA represents the Trust at both the North and South Nottinghamshire MARACs, and attends the Derbyshire MARAC as required. This role involves close liaison with partner agencies, including Domestic Abuse Police Teams and IDVA services across both counties.

The demand for MARAC research and attendance has continued to increase significantly. As a result, the Hospital IDVA has been advised to prioritise attendance only for those survivors who have been directly identified by the Trust, ensuring that resources are focused where they are most needed.

7. Multi Agency & Internal Audits

360 Assurance Safeguarding Audit.

During 2024/25, the Trust commissioned a 360 Assurance audit to review safeguarding arrangements. Previous audits had focused on safeguarding governance and the effectiveness of the safeguarding team's service delivery.

This latest audit was designed to assess whether safeguarding is embedded within divisional governance processes and whether frontline staff responses to safeguarding concerns are consistent with Trust policy and best practice.

Overall Audit Opinion

- **Limited assurance** – weaknesses in divisional governance, referral processes, and data capture mean safeguarding risks are not fully managed from patient level to Board.

Key Findings

1. **Policies**
    - Safeguarding policies are clear, up to date, and contain defined processes.
    - Monitoring arrangements are in place, but ward handover guidance is missing.
    - Audit programmes for children and adults are still being developed.
2. **Governance**
    - Safeguarding governance structure is transparent and links to the Trust Board.
    - Divisional meetings include safeguarding, but:
        - Terms of Reference are often outdated.
        - Quoracy not always confirmed.
        - Limited evidence of scrutiny or escalation in minutes.
3. **Referral Process**
    - Inconsistent compliance with referral procedures:
        - Safeguarding email not always used.
        - Referral forms not consistently shared or filed.
        - Ward handovers inconsistent.
    - Two incompatible EPR systems (SystmOne and Nerve Centre) hinder identification of patients with safeguarding needs.
4. **Referral Data Variance**
    - Significant under-recording of referrals compared to local authority data:
        - Adults: 299 vs. 391 (–92, 23.5%).

- Children: 597 vs. 780 (–183, 23.5%).

Risks Identified

- **Governance risk:** Lack of oversight and escalation at divisional level.
- **Control risk:** Referral process not robust, leading to gaps in assurance.
- **High risk:** Trust not receiving all referral copies → potential harm to patients.
-

Actions Agreed (11 total)

- Update divisional Terms of Reference and confirm quoracy.
- Revise safeguarding policies (email use, ward handover guidance).
- Ensure safeguarding is discussed at ward rounds/huddles.
- Safeguarding team to attend ward huddles to raise awareness.
- Improve Nerve Centre functionality to flag safeguarding concerns.
- Trust-wide communication on referral process and training.
- Monitor compliance via safeguarding audit plan.
- Compare Trust vs. local authority referral data regularly.

Conclusion

The Trust has strong safeguarding policies and governance structures, but operational weaknesses—particularly incomplete referral capture and inconsistent divisional oversight—limit assurance. Addressing these issues through updated policies, improved systems, and strengthened governance will be critical to ensuring safeguarding risks are managed effectively.

An action plan was developed in response to the audit findings, with all actions now complete. During 2025/26, work will continue to build on these achievements, maintaining focus on the key areas identified to ensure sustained progress and ongoing improvement across all aspects of safeguarding practice.

360 MCA/DoLS Assurance Audit

During 2024/25, the Trust commissioned a 360 Assurance audit to review MCA & DoLS compliance arrangements. The report was finalised in November.

Audit opinion: **Limited assurance** – weaknesses in governance, risk management, and control could lead to unlawful deprivation of liberty or failure to safeguard patient rights.

Key risks identified:

- DoLS applications lacked sufficient detail and were sometimes used after expiry.
- MCA assessments were not consistently completed before DoLS applications or hospital discharge.
- Safeguarding team not always aware of DoLS applications.

Findings & Risks

1. **Policy**
   - Policies are aligned with legislation and guidance, but improvements needed around version history and monitoring compliance details.
2. **Governance**

- Clear committee structure exists, but escalation processes are inconsistent.
- Safeguarding Committee Terms of Reference outdated.
- Risk: Issues may not be appropriately escalated, leading to missed opportunities to improve patient safety.

3. **DoLS Applications**
    - 43% of sampled applications not known to safeguarding team.
    - Only 17% stored correctly in medical records (behind safeguarding tab).
    - 67% lacked sufficient detail per national guidance.
    - 78% missing details of appropriate persons.
    - IMCA referrals often absent despite being required.
    - 50% of urgent authorisations expired without evidence of extension.
    - **Risk rating: High** – patients may be unlawfully deprived of liberty.
4. **MCA Assessments**
    - 83% of records lacked evidence of MCA capacity assessment for DoLS decisions.
    - Best interest decisions rarely documented.
    - MCA assessments often missing for nursing interventions.
    - **Risk rating: High** – care may breach patient choice and rights.
5. **MCA on Discharge**
    - Only 11% of cases had evidence of MCA assessment before discharge.
    - Care home residents discharged without MCA assessment despite lacking capacity.
    - **Risk rating: Medium** – discharge decisions may not reflect patient best interests.

Actions Agreed

- **6 actions total**: 3 high, 1 medium, 2 low.
- Examples:
    - Review audit provision for monitoring DoLS/MCA completion.
    - Strengthen training for ward leaders and clinical staff.
    - Update Safeguarding Committee Terms of Reference.
    - Develop quality improvement project with discharge team.
    - Obtain documented communication from Local Authorities on DoLS validity.

Conclusion

The Trust has policies and governance structures in place, but significant gaps in practice around MCA and DoLS risk unlawful deprivation of liberty and poor safeguarding of patient rights. Strengthened training, clearer escalation, and improved documentation are urgently required.

Actions for the audit were incorporated into the trust wide action plan around MCA/DoLS. Work has begun on all actions and work will continue into 2025-2026.

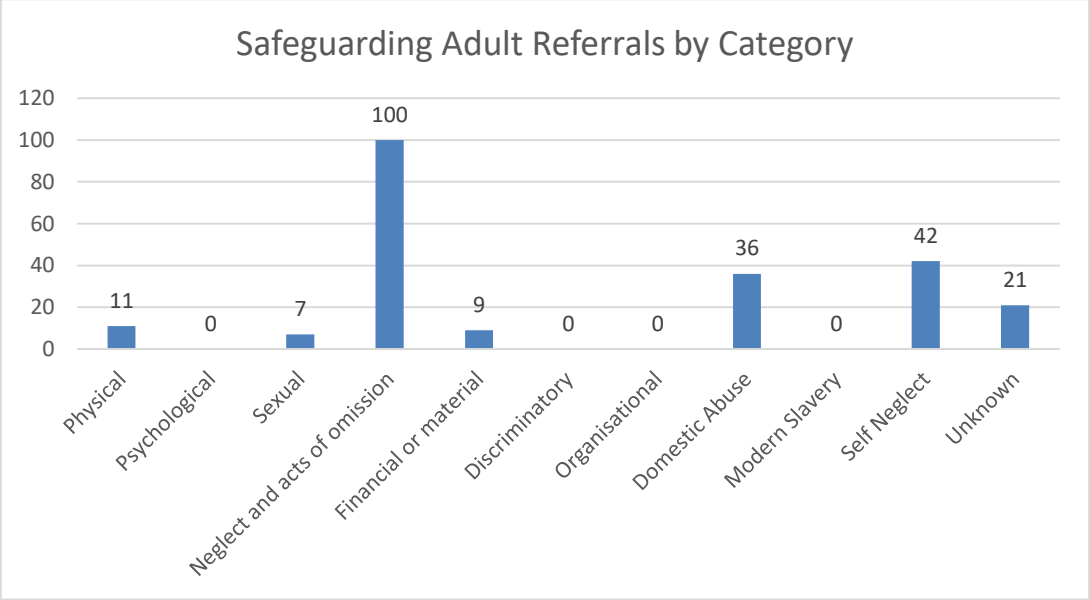
8. Divisional Activity and Progress

The data presented highlights the activity we can evidence, its relevance, and the responses undertaken. As we move into 2025/26, we will continue to review both the data and the supporting evidence, using this information to analyse current practice and identify areas for further development.

This information is reported on a quarterly basis to the Safeguarding Committee and the Trust Patient Safety Committee

Safeguarding Adult Referrals

	2021-2022	2022-2023	2023-2024	2024-2025
Adult Social Care Referrals	394	341	280	226



Nottinghamshire MASH has been reviewing referrals into its service and previously identified SFHFT as one of the key providers with a high rate of no further action outcomes. In response, the SFHFT Safeguarding Team has worked collaboratively with MASH to improve the quality of referrals, supporting Trust staff to ensure that referrals:

- Meet the relevant threshold
- Accurately reflect the individual's care and support needs
- Include consent from the person at risk, where appropriate

This joint work has contributed to a further decrease in referrals during 2024/25. Moving forward, the Safeguarding Team will continue to work closely with the local authority to ensure that changes in referral rates—whether decreasing or increasing—are occurring for the right reasons and reflect improvements in safeguarding practice.

Safeguarding Children Social Care Referrals

During 2024/25, the Trust has seen a further decrease in referrals to children's social care made by staff. The reduction in figures over the past two years may indicate a return to the usual trajectory following the pandemic. However, it may also reflect the work undertaken by the Safeguarding Team to improve the appropriateness and quality of referrals.

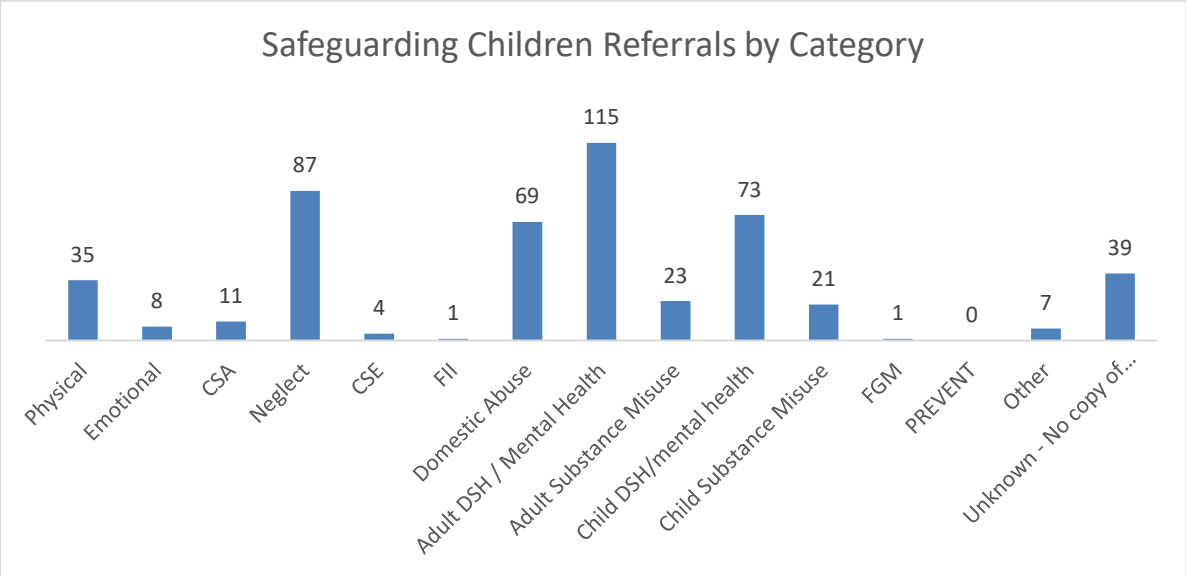
This follows a review by Nottinghamshire MASH, which highlighted that a significant number of referrals were not meeting threshold. In response, SFHFT has worked collaboratively with the local authority to support staff in ensuring that referrals:

- Meet the correct threshold

- Are directed to the most appropriate services
- Address the needs of children, young people, and their families effectively

This ongoing partnership is helping to strengthen safeguarding practice and ensure that referral activity is both proportionate and impactful.

Safeguarding Children and Young People Referrals to Children's Social Care.				
	2021-2022	2022-2023	2023-2024	2024-2025
Total number of referrals made	736	685	582	494



Adult mental health continues to represent the highest category of referral, consistent with previous years. This highlights staff recognition of the significant impact that parental mental health can have on children, and positively reflects the application of the 'Think Family' model. At the same time, it also evidences the ongoing impact that poor mental health is having within the local community.

Neglect has emerged as the second highest category of referral, which is a shift compared to previous years. This trend aligns with the key themes identified in recent rapid reviews and may also reflect the wider influence of social deprivation across the community.

Safeguarding Children Supervision

Safeguarding children supervision is a formal process of professional support and learning that enables practitioners to develop knowledge, strengthen competencies, and take responsibility for their practice within a safe and supportive environment.

The Trust has a robust policy and programme in place for safeguarding supervision. This includes quarterly group and one-to-one sessions across targeted areas where safeguarding activity is likely to be higher, such as:

- Sexual health services

- Specialist paediatric nursing services
- Emergency Department and Urgent Care
- Midwifery

In addition, the Safeguarding Team provides direct supervision to ward leaders within paediatric wards and departments, as well as ad hoc supervision where required.

A Peer Review Group, led by the Named and Designated Doctors, meets monthly. This forum enables paediatric medical staff to review specific safeguarding cases, documentation, and medical reports produced as part of the safeguarding process.

Named professionals also receive safeguarding supervision every three months via the Designated Safeguarding Professionals within the ICB.

Supervision sessions have continued throughout 2024/25, with flexible delivery methods offered. The majority have been conducted via Microsoft Teams, which has improved attendance due to convenience for staff. However, face-to-face and hybrid sessions have also been delivered to ensure accessibility and engagement across the workforce.

Safeguarding Training

Safeguarding training within the Trust has been developed in alignment with Learning and Development support. The Safeguarding Teams currently facilitate:

- Level 1, 2, and 3 safeguarding training for both children and adults.
- Training content that has been reviewed against national developments and incorporates themes arising from safeguarding referrals, incidents, and local safeguarding reviews.

The Trust has set a training compliance target of 90%, which is above the national benchmark of 80%, reflecting its commitment to maintaining high standards of safeguarding practice.

Mandatory Training Data Overview

Safeguarding Training Level	2022/2023	2023/2024	2024/2025
SGA Level 1	89%	90%	91%
SGA Level 2	83%	87%	90%
SGA Level 3	87%	90%	93%
SGC Level 1	89%	89%	92%
SGC Level 2	86%	90%	92%
SGC Level 3	92%	97%	98%
Prevent (Basic Awareness)	90%	95%	95%
Prevent WRAP	98%	97%	98%
Prevent Update		86%	89%

PREVENT

Prevent forms part of the Government's counter-terrorism strategy, CONTEST. Raising awareness of the health sector's contribution to Prevent is crucial, as healthcare professionals are well placed to identify individuals who may be vulnerable to grooming into terrorist activity.

Within the Trust all clinical staff 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 demonstrate the highest compliance rates for Prevent training across the county, with neighbouring organisations seeking advice on how these standards have been achieved and maintained. Embedding Prevent training into the Trust-wide training framework has been pivotal in sustaining such high levels of compliance.

Compliance outcomes 2024/25:

- PREVENT WRAP: Increased from 97% (2023/24) to 98%, exceeding the Trust compliance target of 90%.
- Prevent Basic Awareness: Maintained at 95%, also above target.

Safeguarding Children & Adults - Level 1

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

Safeguarding Children & Adults - Level 2

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

Safeguarding Children & Adults - Level 3

Safeguarding Children & Adults 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 demonstrate that safeguarding training across all levels has increased during 2024/25**.** This improvement reflects both the effectiveness of the Safeguarding Team's training provision—delivered as part of the Trust's mandatory and induction programmes and the organisation's ongoing commitment to safeguarding as a core priority.

9. Learning Disability

Throughout 2024–2025, the Specialist Learning Disability (LD) Nurse has worked across a wide range of priorities, responding proactively to patient needs as they arise.

System Alerts and Notifications

Work has continued to ensure flagging and alerts are embedded within **SystmOne, Nerve Centre, and CareFlow**. When a patient with a suspected or confirmed learning disability arrives at the Trust, notifications are checked across all systems to ensure their needs are recorded. This includes documenting the level of disability and any reasonable adjustments required.

Front-of-House Plans

Emergency Department (ED) staff continue to benefit from traffic-light style snapshot documents prepared by the LD Specialist Nurse and Complex Care Nurse. These plans outline actions required to meet patient needs, identify who should be informed of admission, and highlight reasonable adjustments.

Training and Education

Learning Disability and Autism Training

The Health and Care Act 2022 introduced a requirement for regulated service providers to ensure that staff receive training on learning disability and autism appropriate to their role. Sherwood Forest Hospitals (SFH) has long provided Learning Disability training to all patient-facing staff, with the exception of medical and dental staff, where the requirement has historically been advisory. This training is delivered through the Trust's mandatory and induction programmes.

The government's preferred approach is the Oliver McGowan Mandatory Training (OMMT) on Learning Disability and Autism. SFH has now incorporated the OMMT e-learning module into its mandatory training programme, replacing the Trust's previous in-house package.

Progressing to the next phase of Tier 1 and Tier 2 training has presented challenges. These include limited training sessions made available by the ICB and difficulties in releasing staff for full-day Tier 2 courses due to capacity pressures. The plan for 2025/26 is to prioritise staff attendance at Tier 1 training, with a gradual rollout of Tier 2.

In the meantime, the Trust is working collaboratively with the ICB to develop an alternative local delivery plan to ensure training requirements are met and staff are supported.

Bespoke Training

The LD Nurse has delivered tailored sessions for trainee nursing associates, therapists at Kings Mill and Mansfield Community Hospitals, and other teams upon request. Training uses case studies to improve care and helps staff differentiate between learning disabilities and learning difficulties (e.g., dyslexia, dyscalculia).

Mandatory Training Data

Activity	Q1 2024 -2025	Q2 2024-2025	Q3 2024-2025	Q4 2024-2025
LD Training	53%	87%	88%	88%

MCA / Best Interests

Throughout the year, the Learning Disability (LD) Specialist Nurse has continued to provide advice and support to patients with learning disabilities, ensuring the Trust remains compliant with national guidance and best practice. In line with these standards, the LD Specialist Nurse promotes consistent, person-centred care throughout each patient's hospital stay or visit.

The LD Specialist Nurse acts as a vital link between community LD teams and the hospital, strengthening communication and continuity of care. Ward staff are regularly reminded of the importance of using traffic light documents and learning disability care plans, with ongoing promotion of these tools to support patients effectively.

Clinical staff are supported to work within the framework of the Mental Capacity Act 2005, ensuring that best interest meetings are held to guide decision-making in collaboration with carers and families. Wherever possible, the LD Specialist Nurse and Complex Care Nurse attend these meetings to provide professional guidance and reassurance to patients, families, and staff.

The LD Specialist Nurse also ensures that, where a patient may be deprived of their liberty, the appropriate Deprivation of Liberty Safeguards (DoLS)

NHS Improvement Standards

The Learning Disability (LD) Specialist Nurse has submitted data for the NHS Improvement Standards on behalf of the Trust, supporting the measurement of care quality provided to patients with learning disabilities and autism (LD&A). The national report undergoes the NHS England/Improvement publications process before bespoke reports are released to individual trusts.

The results from Year 6 of the NHS England Learning Disabilities Improvement Standards benchmarking project have now been produced, and the Trust has received its bespoke report. In response, an action plan will be developed to ensure Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) continues to improve services and deliver equitable care for people with LD&A. Progress against this action plan will be overseen and monitored through the Safeguarding Steering Group governance arrangements.

ReSPECT

A learning disability alone should never be considered a reason to withhold CPR. While there may be co-existing health conditions that mean CPR or other interventions are not in the patient's best interests, it is these comorbidities that must be cited—not the individual's learning disability.

The Learning Disability (LD) Specialist Nurse continues to reinforce this principle through the **ReSPECT** process, reminding staff that terms such as *"learning disability"* or *"Down's syndrome"* must never be used as justification for a DNACPR order or recorded as the underlying or sole cause of death. The LD Specialist Nurse also provides oversight from an LD perspective by attending the ReSPECT Steering Group.

Referrals

	Q1 2024 - 2025	Q2 2024-2025	Q3 2024-2025	Q4 2024-2025
LD flagged patients to LD specialist nurse	80	75	76	91

LeDeR Programme

Over the past year, it has remained clear that the learning disability population represents an at-risk group, largely due to multiple co-morbidities and additional health needs during hospital admissions. The 2022 Learning Disabilities Mortality Review (LeDeR) reported a median age of death of 63 for adults with a learning disability. This is significantly lower than the median age of death in the general population—82 for men and 86 for women—representing a difference of 19 years for men and 23 years for women.

The Learning Disability (LD) Specialist Nurse continues to work closely with the Integrated Care Board (ICB) and the LeDeR Programme team to ensure the Trust complies with national guidance. Outcomes from LeDeR reviews are now shared in redacted form with the LD Specialist Nurse, enabling learning to be disseminated across the organisation. Key findings are discussed within the Learning from Deaths Group, where both examples of good practice and areas for improvement are highlighted to strengthen the quality of care provided.

Cancer Care Collaborative

The Learning Disability (LD) Specialist Nurse participated in a collaborative project with the Macmillan Lead Cancer Nurse at SFH, working jointly with the University Hospitals of Leicester (UHL) NHS Trust and Sherwood Forest Hospitals NHS Foundation Trust. The project aimed to improve cancer care for patients with additional needs, with objectives including:

- Identifying patients with a learning disability at the point of referral.
- Ensuring patients are discussed at SFH weekly PTL meetings and UHL tumour-specific PTLs.
- Reducing unnecessary pathway delays for this cohort.
- Providing a personalised approach to care from pre-diagnosis.
- Establishing a process to alert the LD nursing team early in the cancer pathway to enable expert input for patients, carers, and staff.
- Exploring and embedding reasonable adjustments within the pathway.

A patient with lived experience, supported by her mother, was recruited to participate in the project, adding valuable insight.

Outcomes

The project has delivered measurable improvements, including:

- Implementation of a flagging system to highlight patients with additional needs.
- Weekly discussion of these patients at cancer tracking meetings.
- Early involvement of the LD and Dementia Specialist Nursing teams.
- Development of consistent reasonable adjustment offers.

Analysis and Complex Care

The **Learning Disability (LD) Specialist Nurse** has provided guidance on a number of complex cases across the Trust, ensuring safe and timely discharges. In addition, the LD Specialist Nurse has worked closely with DCU and theatres on several complex anaesthetic cases, achieving positive outcomes.

Patients with a learning disability or autism should receive the same level of protection and support as any other patient. This often requires additional measures, including reasonable adjustments, which the LD Specialist Nurse continues to champion and embed across clinical practice.

Throughout the year, the LD Specialist Nurse has acted as a key point of contact, supporting the Trust in meeting national standards for learning disability care. They have attended and coordinated best interest meetings involving care providers, carers, and ward staff, while also working alongside the bereavement and PETs teams to strengthen collaboration with local community services.

In October 2024, the **Complex Care Nurse** joined the team. Kristy has been a valuable addition, successfully completing her preceptorship programme and providing support to the LD Specialist Nurse across all areas of patient-facing practice. With this expanded team, the LD service is now looking ahead to further development and enhanced provision for patients with learning disabilities.

Priorities for 2025–2026

- Oversee rollout of **Oliver McGowan Mandatory Training**.
- Deliver action plan following NHS Improvement Standards report.
- Continue oversight of ReSPECT documentation and MCA compliance.
- Review and update the LD care plan (due September 2025).
- Support discharge planning from admission.
- Embed LeDeR policy, ensuring all LD and autism deaths receive SJR and are reported.
- Strengthen leadership and guidance for complex cases.
- Ensure flags are consistently applied across systems.
- Expand LD service with Complex Care Nurse, increasing visibility at Newark and MCH.
- Provide regular staff drop-in sessions.
- Continue bespoke training for teams as required.

10. Mental Health

Significant progress has been made in strengthening mental health support across the Trust during 2024/25, including the successful recruitment of a **Mental Health Specialist Nurse** in June 2024.

The key themes of the Trust's mental health strategy have been reviewed and remain highly relevant. A central focus continues to be supporting clinical staff in developing greater understanding and confidence when managing situations where mental health is a contributing factor.

Divisional Updates

Urgency & Emergency Care (UEC)

- Guidelines have been developed aligned with Nottinghamshire Police's *Right Care, Right Person* initiative.
- Delivered joint training sessions for ED staff during safeguarding study days.
- Supported the review and improvement of the *Adult Mental Health Triage Safety and Observation Tool*, providing clearer guidance on patient risk and 1:1 care requirements.
- Provided 1:1 training for ED staff to ensure correct use of the tool.
- Strengthened relationships with ED staff, supporting escalation of mental health bed waiters to ensure timely allocation and safe management.
- Collaborated with the High-Intensity Service User team to design front-of-house plans for frequent attenders with mental health needs.

Medicine

- Supported complex mental health patients with personalised care plans, including risk management and crisis support.
- Assisted with Mental Health Act paperwork and delivered training across wards.
- Supported escalation of detained patients to ensure timely transfer to mental health beds.
- Facilitated escalations to the ICB and NHS England for patients with specialised needs, working with multi-disciplinary partners to secure appropriate care.

ITU / Surgery

- Built strong working relationships with ITU staff and Family Liaison Nurses to identify and support mental health patients.
- Designed personalised care plans and coordinated multi-agency support.
- Assisted with safe handovers of complex patients to stepdown areas.
- Delivered a well-received mental health training session for ITU doctors.

Paediatrics

- Worked closely with the paediatric ward to support CAMHS patients, including care planning and escalation of Tier 4 CAMHS bed waiters.
- Supported management of challenging behaviours and Mental Health Act paperwork.

- Developed and implemented a new guideline: *Management of Children and Young People Presenting to SFHT with Mental Health or Emotional Needs*, incorporating local Integrated Care System (ICS) pathways.
- Delivered training sessions for paediatric consultants on the guideline and signposting for children's mental health support.

CSTO

- Partnered with the Cancer Specialist Team to identify and support patients with mental health needs, improving access to appointments and care pathways.
- Supported capacity assessments, best interests meetings, and involvement of mental health care teams to reduce delays in treatment.
- Provided outpatient clinics with training and mental health signposting cards for patients disclosing concerns.

External Partnerships

- Strengthened links with Nottinghamshire Police, Nottinghamshire Healthcare NHS Trust, AMPHS EMAS, The Priory, Cygnet, and Elysium Healthcare.
- Enabled joint training, improved management plans, smoother patient transitions, and enhanced support for detained patients.
- Improved communication and reduced barriers to patient flow.

Other Key Updates

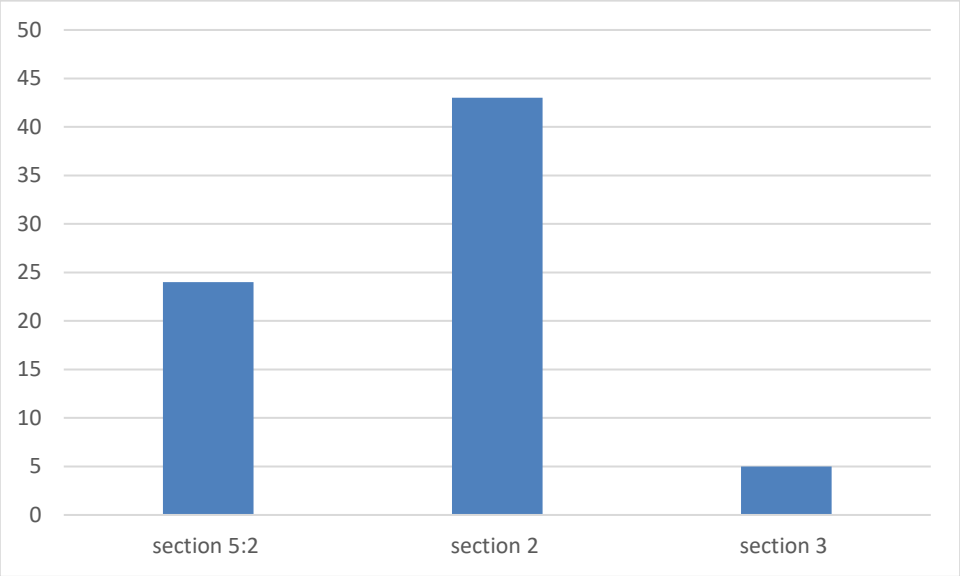
- Updated the **mental health intranet**, now hosting resources on the Mental Health Act, paperwork examples, policies, procedures, training materials, and transport guidance.
- Approved updates to the **Mental Health Act Policy**, **Medicines Management Policy (mental health update)**, and the new **CYP Mental Health Guideline**.
- Simplified and updated Trust guidelines on Section 5(2).
- Continued attendance at Trust-wide meetings to improve visibility and support across divisions.

Mental Health Detentions:

The relationship between Sherwood Forest Hospitals (SFH) and the Nottinghamshire Healthcare Trust Mental Health Act (MHA) office continues to be strong and collaborative. A dedicated administrator within the MHA office provides scrutiny of all detention paperwork for patients detained at SFH, ensuring accuracy and compliance.

Each case where SFH has acted as the detaining authority has been subject to consistent review with the MHA office, and no deficits have been identified. The quarterly reports issued by the MHA office have demonstrated complete alignment with the records generated within the Hospital, providing assurance that the requirements of the legal framework are being consistently and effectively met.

The number of MHA detentions with the Trust being the detaining authority for 2024/25 is as follows:



Detentions under Sections 5(2) and 2 of the Mental Health Act have risen compared to the previous year, reflecting ongoing bed pressures and an increase in referrals to the Mental Health Trust. In addition, a significant number of patients in mental health crisis continue to present to the Emergency Department, which may in part be attributed to limited immediate access to alternative community services. This has created sustained demand for specialist mental health beds, frequently resulting in delays and extended waiting times for patient transfers from the Trust.

A gap remains in information sharing between the Trust and Nottinghamshire Healthcare NHS Trust regarding the performance of the Liaison Psychiatry Service in meeting its stated objectives for patient assessment. Although an information sharing agreement was established two years ago, there is still no active mechanism for exchanging data or addressing strategic issues between the organisations. Furthermore, the Operational Procedure for Liaison Psychiatry has not been updated or shared since three years ago.

Moving Forward

- Working will continue updating the Mental Health Strategy.
- A Training Needs Analysis will be undertaken to assess the needs to staff across the organisation.
- Stronger strategic links to be established with key eternal agencies.
- Development of Mental Health KPIs

12. Restrictive Practice, Security Management & Violence Reduction

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) is committed to providing an environment that is safe and secure for all who use or work within the Trust, ensuring that the highest possible standard of clinical care can be delivered to patients.

Security is a shared responsibility that affects everyone across the NHS. The safety of staff, patients, carers, and assets is a priority for the Trust in the development and delivery of health services. All staff are expected to remain vigilant and contribute to the prevention of security-related incidents or losses. Reducing incidents of violence, theft, or damage not only protects individuals and property but also frees up valuable resources for patient care, helping to maintain an environment where staff, patients, and visitors feel safe and supported.

The Trust Board is fully committed to ensuring compliance with the security management standards defined in the NHS Standard Contract.

The overriding principle of security management is to enable the Trust to deliver high-quality healthcare in safe and secure environments, protecting patients, staff, visitors, their property, and the organisation's physical assets. Achieving this requires security management to be effective, efficient, and proportionate**.**

Key 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 published by the former NHS Protect. It needs to be noted that NHS Protect have dissolved but all aspects of the security management strategy 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

Within these standards there are specific requirements to have corporate structure in place for the effective management of the standards, to meet this requirement the Trust have in place the following structure:

- A Board lead for Security Management as Security Management Director, this post is carried out by Chief Financial Officer
- A Non-Executive Director to oversee the local security arrangements,
- A Security Management Specialist to carry out the duty of security management arrangements, this post is carried out by Professional Lead Security Management & Violence Reduction.

The trust employs an accredited Professional Lead Security Management & Violence Reduction to take forward this work and manage the work by interpreting NHS directives and guidance issued through the department of health. The trust supports the workstream through the appointment of executive and non-executive board members to champion and promote the safer delivery of a managed security strategy.

A pro security culture is widely developed in all areas of the trust and has been used through the process of developing a greater sense of understanding, involvement and ownership by the key stakeholders.

Standards for Providers - Security Management

Standards for providers clearly identify works to assist and tackle crime across the health service. The aim is to protect NHS staff and resources from activities that would otherwise undermine the effectiveness and ability to meet the proper use of valuable NHS resources and a safer, more secure environment in which to deliver and receive care.

The four key sections set out within Section 3 of the standards are as follows:

- **Strategic Governance**

This section sets out the standards in relation to the organisation's strategic governance arrangements. The aim is to ensure that anti-crime measures are embedded at all levels across the organisation.

- **Inform and Involve**

This section sets out the requirements in relation to raising awareness of crime risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of crime against the NHS.

- **Prevent and Deter**

This section sets out the requirements in relation to discouraging individuals who may be tempted to commit crimes against the NHS and ensuring that opportunities for crime to occur are minimised.

- **Hold to Account**

This section sets out the requirements in relation to detecting and investigating crime, prosecuting those who have committed crimes and seeking redress.

Key areas of focus

The organisation is still awaiting the NHSE process of rolling out a set of new security standards. These were meant to be under review and released to trusts early 2025, this work is delayed and now updates have yet been received individually, regionally or nationally. These new standards will replace the old NHS Protect standards and each organisation will self-assess and evidence how they meet each criterion.

Once the standards are released, they should align and work alongside the violence reduction standards to help change culture and embed the new emphasis in a public health approach to violence reduction.

Key focus work continues via the violence reduction working group and includes the review and revamp of members and its focus. A new chair has been identified due to staffing changes and will be jointly chaired by the Head of Safeguarding.

Police Liaison

The Trust and Nottinghamshire Police agree and promotes local partnership working. This provides a framework for local working arrangements to support both organisations in dealing with incident response and assistance on hospital premises.

The partnership arrangements including regular liaison meetings, beat surgeries where the police can interface with staff and the wider public. These meetings have been recently limited due to current pressures on public sector however contacts and escalation routes are still maintained.

There have been significant changes in the neighbourhood policing teams' structure and workload. The Local Neighbourhood Policing Team is: -

- Chief Inspector – [redacted]
- Inspector – [redacted]
- Police Sergeant – [redacted]
- Police Constables – [redacted]
- Police Community Support Officer – [redacted]

Improvement works and liaison are needed to gain support in the promotion of physical presence on site and in the partnership working in promoting a safe and secure environment for the trust as a whole.

This partnership working will ultimately help us assist in better communications links between both parties and promote a more solid proactive working relationship and awareness in security and police matters on site.

A reviewed new evolvement will help all parties in more active close working partnership and aid information sharing and management of security related matters and incidents.

Policy Reviews & Approvals

The following policies have been reviewed and updated and approved at necessary committees:

- Security Policy – Review July 2027
- Lock Down Policy – Review Sept 2028
- Premises Search Policy - Review Jan 2027
- Management of Prisoners - Policy Review Oct 2027
- ID & Access Policy – Review Sept 2027
- CCTV/BWV Policy – Review March 2027
- Unacceptable Behaviour Policy – Review Dec 2027
- Restrictive Practice Policy – Review Sept 2026 extended due to changes

- Bomb/Suspect Package Policy – Awaiting Review

Violence and Aggression

Violence and aggression and managing challenging behaviour will always be an active area of work required by security management.

Our staff very often have times of dealing with challenging individuals who can display a wide variety of behavioural issues and are often violent and aggressive. Although we experience aggressive individuals, we are also seeing an increase in incidents where the behaviour potentially is down to the patient's clinical condition or management of treatment.

Individuals who have a clinical related issue are often very difficult to manage which then leads to clinical staff often calling security for assistance, yet the management needs to be a proactive approach from all parties. Ultimately these incidents are clinically related and need to be dealt with clinically but with the joint support of the security officers in case of needs of restraint.

Restraint is still a key topic for the organisation and trusts. Currently our security guarding staff are trained in control and restraint techniques and support our clinical staff in incidents where restraint is needed. There is still a large void in how our clinical deal with individuals and their level of training on restraint/restrictive practices. The use of restrictive practices and relevant training is currently going through significant changes and options papers have been produced to committees for senior oversight and to enable the trust to agree an option moving forward.

We need to take a new approach and tack on how we deal with individuals who display challenging behaviour and violence towards our staff. This includes developing and expanding on training needs but also new education and poster material to display in our departments that these actions are not acceptable, and action will be taken against individuals.

Reported Incidents of Violence and Aggression 1 April 2024 to 31 March 2025

The numbers of assaults as indicated below have been taken from the trust datix reporting system and will be verified before submission under the annual national information request Review of Central Returns (ROCR) Steering Committee of the Information Centre for Health and Social Care.

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

Total number of incidents reported on Datix classified as Physical Assault	414 (488)
Number of incidents which had an indication that there was a clinical condition	523 (589)

Figures for 2023/2024 in brackets

Detail of assault by category

Category of physical assault	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Slap / Kick / Punch	45 (47)	26 (44)	47 (49)	56 (72)	**174 (172)**
Scratch / Pinch	11 (8)	7 (16)	10 (13)	10 (14)	**38 (51)**
Bend or Twist to Finger / Wrist	1 (2)	0 (9)	4 (1)	5 (4)	**10 (16)**
Bite	1 (2)	1 (3)	3 (2)	3 (5)	**8 (12)**
Spitting	4 (4)	3 (7)	6 (4)	14 (6)	**27 (18)**
Push / Grab/ Hit	41(26)	30 (48)	40 (48)	49 (36)	**160 (194)**
Hit with object	4 (2)	4 (3)	3 (4)	7 (5)	**18 (14)**
Total	**107 (91)**	**50 (130)**	**113 (118)**	**144(149)**	**414 (488)**
Clinical condition recorded	138 (157)	115 (166)	136 (132)	134(134)	**523 (589)**
Restraint/Restrictive Practices	151 (171)	118 (159)	108 (151)	137(142)	**514 (623)**
Non Physical assaults					
Verbal abuse	107(142)	122 (183)	159 (130)	126(129)	**514(584)**
Verbal abuse (telephone call)	1 (3)	3 (2)	0 (5)	0 (0)	**4 (10)**
Racist content/nature	9	13	12	11	**45**
Sexual content/nature	5	5	4	3	**17**
Police Attendance	15	16	28	18	**77**
Reported Thefts					
Theft of trust property	2 (0)	1 (0)	0 (0)	0 (0)	**(0)**
Theft of personal property	3 (2)	9 (8)	4 (8)	1 (6)	**(24)**
Criminal Damage	4 (1)	1 (1)	1 (1)	0 (2)	**(5)**
Figures by Division					
Urgent & Emergency Care	62	74	62	70	**221**
Surgery	14	14	15	18	**45**
Medicine	61	57	63	98	**206**
Women's & Children's	2	9	3	6	**19**

CTSO	2	4	4	4	**10**
Corporate	101	82	122	77	**325**

Figures for 2023/2024 in brackets

The number of non-physical assaults/verbal abuse reported on the trust datix system during the same reporting period is 147 (173).

A review of the physical assault reports filed on the trust datix incident management system highlight a moderate trend in the number of incidents recorded. The figures support an moderate position in the trusts continual campaign to reduce the level of inappropriate and aggressive behaviour displayed toward staff.

The nature of the harm and injury sustained by staff, particularly where clinical factors are involved, which include dementia, delirium and medically confused patients are increasing showing we do need to do more work around clinical related violence and aggression. It is widely recognised that staff are dealing with physical violence and challenging behaviour brought about through clinical factors and it is hoped that a new improved training needs analysis will be agreed to educate staff through the clinical disengagement training.

Conflict Resolution Training

Tackling violence and aggression against staff and professionals working within the NHS is a key area for specific action. The overall aim of is to significantly reduce the incidents of violence and aggression, including verbal aggression, experienced by staff members. As well as educate our staff as to why incidents occur and what methods and techniques, we can use to help tackle the issues.

The training has been running since 2004 and is now clearly embedded in our staff's mandatory training programme being received well throughout the trust. Divisions are continually reminded about compliances in this mandatory training.

The following table below indicates the status of conflict resolution training attendance for last 3 years (classed as the trust in date period) from the training records maintained by the fire prevention and security management department.

Conflict Resolution Training attendance figures for mandatory training syllabus:

Month	July	Aug	Sept
Corporate	105 (112)	104 (110)	103 (109)
CSTO	769 (841)	772 (856)	791 (807)
Medicine	977 (1121)	982 (1125)	977 (1133)
Surgery	859 (949)	867 (964)	881 (980)
Urgent & Emergency Care	551 (642)	560 (648)	575 (655)
Women & Children's	408 (484)	418 (490)	423 (496)
Totals	**3669 (4149)**	**3703 (4193)**	**3750 (4180)**

The table below presents an overview of the current conflict resolution compliance:

	July 2025 Compliance %	Aug 2025 Compliance %	Sept 2025 Compliance %
Corporate	93.75%	94.55%	94.50%
Medicine Division	87.15%	87.29%	86.23%
Surgery Division	90.52%	89.94%	89.90%
Urgent & Emergency Care Division	85.83%	86.42%	87.79%
Women & Children's Division	84.30%	85.31%	85.28%
CTSO	91.44%	90.19%	90.82%

Manging Challenging Behaviour Training Information

The current training programme is set for a review due to loss of funding for trainer re accreditation as part of this review we have undertaken talks with an alternative provider who not only meet the Restraint Reduction Standards which we must follow but their courses also involve Positive Behavioural Support and Trauma Informed Care principles to put into practice.

Trusts local to us have had CQC inspections and been heavily criticised for the training they use and that it doesn't meet the current RRN Standards. Therefore, it's essential that we take our time to ensure we are in a better place for staff support and training provision but to also meet our current requirements in practice. by ensuring we have the most suitable training in place that meets RRN standards we will ensure a positive result I this area in future CQC inspections.

Following this we have undertaken talks with an acute trust local to us who were heavily criticised in their CQC report for the lack of training to staff and not meeting the RRN Standards. This was a very positive meeting which we were able to have negations in the possibilities of delivering there tailored RRN course that they devised and got full accreditation for following the CQC report. This is an option open to our organisation to partnership with Sheffield Teaching Hospitals and become affiliated trainers of their RRN accredited course. Agreement on this due to funding of approx. between £10,000 - £30,000 per year depending on provider on option agreements would need approvals.

The contacted security team, continue to support clinical areas with managing violence and aggression and receive training, via the training provider (IKON). The training course that the security staff have is also not an RRN accredited course so if inspected we would not meet the required standard. There is an additional risk to consider that our clinical staff are limited to support as they don't receive the training or will be out of date on compliances.

Security Risk Assessments and Crime Reduction Surveys

Security risk assessment and crime reduction surveys are continually developed and utilised to help assist in the audit and identification of incidents and risks that may pose to departments and divisions.

Any department or divisions can highlight known risks and ask for security management support and input into assisting with finding an adequate solution to all security related issues.

Where defects and deficiencies are identified the division remain responsible for identifying the risk on the risk register. Where the risk relates to the inadequacy of physical provisions, the deficiency is highlighted and reviewed by the estate's governance management group.

Lone Worker Protection

The trust continues to hold an approved contract for lone working devices. The devices are supplied through Total Security to identified risk assessed lone workers in the community.

The trust health and safety committee approved the initial use of the lone worker scheme and was satisfied that it will provide an additional level of protection and support to staff who are required to work away from the trust premises, where there are potentially difficult circumstances to manage.

Following escalations from divisions and data of under usage some departments and divisions have decided not to renew their contracts and staff now use escalations through mobile phones, call checks etc.

Overall, this is proving to be a significant year of ongoing change and pressures on the future arrangements transition of work and services particularly around restrictive practices and violence reduction service.

Progress has been made to promote a safer workplace and take measures to reduce the level of unacceptable behaviour experienced by the workforce. Significant partnership working and internal working groups have helped promote the violence reduction workload and ensure that this agenda is on all division's plans. Public and staff safety remains paramount throughout despite the workload, pressures and demand placed on health service provision.

The current training model including the trust meeting restraint reduction standards (RN) continues to be a source of ongoing work in how the trust expand and carry the process on regarding delivery and funding. Active discussions are taking place between safeguarding and the chief nurse in how this work stream can be moved forward. Options papers and data have been provided to the safeguarding committee for approval.

The prime aim is to reduce the risk to staff and improve the staff understanding of challenging behaviour. This includes the delivery of practical skills to prevent unnecessary injury or harm to the patient or staff member engaged in the care of an individual.

The trust actively awaits new security management standards from NHSE and will ensure we self-monitor and audit against these standards once available.

Moving forward the trust will continue its partnership working and overall aim to provide a safe and secure environment so that our clinical staff can deliver quality care to our patients.

Key Highlights 2024–25

Governance & Standards

- Strategic governance embedded across the organisation.
- Awaiting rollout of new NHSE security standards, expected to replace NHS Protect framework.

Violence & Aggression

- **Physical assaults:** 414 incidents (down from 488 in 2023–24).
- **Clinical-condition-related aggression:** 523 incidents, highlighting the need for clinical disengagement training.
- **Verbal abuse:** 514 incidents, with racist and sexual content recorded in 62 cases.
- **Police attendance:** 77 incidents requiring police involvement.

Training & Compliance

- Conflict Resolution Training compliance maintained across divisions (85–94%).
- Work underway to adopt RRN-accredited training, ensuring alignment with CQC expectations and national standards.

Policy Reviews

- Security, Lockdown, Premises Search, Prisoner Management, ID & Access, CCTV/BWV, and Unacceptable Behaviour policies reviewed and updated.
- Bomb/Suspect Package Policy pending review.

Risk Management

- Ongoing security risk assessments and crime reduction surveys conducted across divisions.
- Lone worker protection devices remain available, with divisions reviewing usage and alternative escalation methods.

The Trust has made tangible progress in embedding a culture of safety and resilience, despite operational pressures. Violence reduction, staff training, and partnership working remain central to the strategy. Looking forward, the Trust will:

- Align with forthcoming NHSE security standards.
- Strengthen clinical disengagement training to address condition-related aggression.
- Continue to invest in RRN-compliant training to meet regulatory expectations.
- Enhance police liaison and partnership working to ensure visible presence and proactive engagement.

13. Conclusion

The Integrated Safeguarding Team has continued to drive forward the safeguarding agenda across the Trust during 2024/25. The adoption of the 'Think Family' approach reinforces that safeguarding is everyone's responsibility, ensuring staff across all groups understand the impact on adults, children, and families, and are equipped to identify and respond to concerns or disclosures in line with legislative and professional duties.

Ongoing work to embed the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) into clinical practice is strengthening safeguarding delivery. This ensures that the 'Voice of the Child' is heard within care at Sherwood Forest Hospitals, while also supporting the Trust in meeting its wider safeguarding strategic priorities.

14. Safeguarding Commitment

Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) recognises that safeguarding remains a priority within all aspects of care and service delivery. The Trust is committed to ensuring that robust safety systems and processes are consistently in place to protect patients and staff.

Building on established work, SFHFT will continue to strengthen its safeguarding approach by aligning activity with the Trust's strategic objectives, ensuring safeguarding practice is embedded across the organisation and contributes to safe, high-quality care.

Priorities for 2025/2026

- Continued focus on training, monitoring compliance whilst monitoring the effectiveness and impact of training provided.
- Continued focus on MCA legislative compliance.
- Continue with process mapping across the safeguarding and vulnerabilities team alongside the ongoing service review work.
- Review of safeguarding children and adult supervision across the organisation.
- Explore the role of Champions across safeguarding and vulnerabilities.
- Review the process around how we share learning and track action plans relating to safeguarding across all divisions within the organisation
- Continue with service review work with a key focus on how we can extend the current service to support patient with an autism diagnosis.
- Continue to roll out the OMMT.
- Review the process of how we share learning from LeDeR and embed this into practice.