Public Board of Directors
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Report Title:	**Annual Safeguarding Report 2024 - 2025**
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Accountable Director:	Dr Caroline Johnson, executive director nursing, professions and quality
Presented by:	Hester Litten, head of safeguarding
Vision and values:	**We are respectful and kind** – We must ensure that we have a confident and skilled workforce to recognise and respond to safeguarding concerns and abuse and protect our service users from harm using the principles of safeguarding and hear the voice of our service users. **We are inclusive** - All SHSC and Partnership safeguarding policies and procedures reviewed in this period have been reviewed by statutory partners and volunteers/ Expert by Experience and completed Equality Impact Assessments. **We work together** - Failure to comply with Safeguarding Legislation and requirement to work in partnership will risk the safety of those we are required to protect, the quality of care provided, and risk breaching the individual's human rights. **We keep improving** - Continuous improvement through internal audit, workplans and statutory annual assurance, ensure our practices, processes and policies promote Making Safeguarding Personal and demonstrate learning from statutory safeguarding investigations for adults and children
Purpose:	The Trust holds a statutory responsibility to safeguard adults, young people, children, and babies in accordance with the Care Act 2014, supported by the Care and Support Statutory Guidance (DoH, 2016), the Children Act 2004, Working Together to Safeguard Children (2023), the Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2022), and the Children and Social Work Act 2017. The primary purpose of this Annual Safeguarding Report is to: • Demonstrate SHSC's commitment to safeguarding across all services. • Provide assurance that statutory duties have been met. • Offer transparency regarding safeguarding activity and performance. • Inform stakeholders of progress made during 2024–25, as well as key challenges and areas for improvement.
Executive Summary:	The Board of Directors is invited to receive the **Annual Safeguarding Report 2024–2025** as assurance that Sheffield Health and Social Care NHS Foundation Trust (SHSC) continues to meet its statutory safeguarding responsibilities under the Care Act 2014, Children Act 2004, and associated national frameworks. This report outlines SHSC's safeguarding activity, performance, and governance arrangements over the past year, highlighting both achievements and areas requiring improvement. Key developments include: • Completion of the 2024–25 Safeguarding Self-Assessment and participation in the annual accountability meeting with system partners. • Adoption and embedding of the Safeguarding Adults Strategic Partnership (SASP) Responsibilities for Partnership document into daily practice. • Timely contributions to all statutory reviews, including Safeguarding Adult Reviews (SARs), Child Safeguarding Practice Reviews (CSPRs), Domestic Abuse Related Death Reviews (DARDRs), and Serious Incident Reviews (SIRs).

- Submission of Key Performance Indicators (KPIs) to the ICB and Prevent returns to NHS England.

Key risks and improvement areas identified include:
- **Safeguarding Children Level 3 Training**: Current compliance remains below national expectations. A recovery plan is in place and being monitored via a Task & Finish Group.
- **Safeguarding Supervision**: While uptake has improved, compliance remains below target. Further work is required to embed the cascade model and ensure consistent access across clinical teams.
- **Section 42 Enquiries**: Delays in allocation and completion have led to a corporate risk being logged. A revised allocation process has been agreed and is being implemented with directorate support.

The report also highlights SHSC's commitment to innovation and partnership working, including a joint project with Sheffield Teaching Hospitals, IDAS, and Sheffield Hospitals Charity to improve support for staff affected by domestic abuse. The Committee is asked to review the report and take assurance from the progress made, the governance in place, and the actions underway to address identified risks and strengthen safeguarding practice across the Trust.

Appendix 1 Strategic and Partnership Safeguarding Meetings – May 2025

Which strategic objective does the item primarily contribute to:					
Effective Use of Resources	*Yes*		*No*		
Deliver Outstanding Care	*Yes*	x	*No*		*Ensure SHSC safeguarding functions, processes and policies comply with statutory legislation and the 6 principles of safeguarding that support our staff to recognise and respond to abuse or neglect or prevent harm from occurring.*
Great Place to Work	*Yes*		*No*		
Reduce inequalities	*Yes*	x	*No*		*Improve data capture through use of bespoke forms within RiO to identify protected characteristics*

What is the contribution to the delivery of standards, legal obligations and/or wider system and partnership working.

Failure to comply with safeguarding legislation and statutory guidance may expose SHSC to regulatory scrutiny and enforcement action by the Care Quality Commission (CQC). This could result in regulatory action, reputational damage, and compromised service user safety.
Key regulatory and legislative frameworks include:
- **CQC Fundamental Standards**
- **The Care Act 2014**
- **Children Act 2004**
- **Working Together to Safeguard Children (2018 & 2023)**
- **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Regulation 13: Safeguarding service users from abuse and improper treatment**
- **Human Rights Act 1998**

Robust safeguarding governance, training, and assurance processes are essential to mitigate these risks and ensure compliance.

Board assurance framework (BAF) and corporate risk(s):	**BAF 0024** Risk of failing to meet fundamental standards of care caused by lack of appropriate systems and auditing of compliance with standards, resulting in avoidable harm and negative impact on service user outcomes and experience, staff wellbeing, development of closed cultures, reputation, future sustainability of particular services which could result in potential for regulatory action.
	BAF 0031 There is a risk we fail to deliver on national inequalities priorities and our strategic aim to deliver inclusive services, caused by failure to adopt an inequalities based approach to care resulting in poorer access, later presentations and risk of poorer outcomes
	Corporate Risk 5429: Section 42 Enquiries are not currently being

	allocated and completed within statutory timeframes as required by the Care Act 2014. SHSC is at risk of further breaches due to ongoing delays in allocation and staff capacity, resulting in delayed information sharing with Sheffield Adult Social Care and a failure to fully apply Making Safeguarding Personal principles.
Any background papers/items previously considered:	The Corporate Safeguarding Team Annual Report for 2023 -2024 was presented to Quality Assurance Committee in June 2024 and approved at Board in July 2024. Progress in this report has been noted against the previous year's submission. This year's annual report has been presented and approved at Quality Assurance Committee on 11th June 2025.
Recommendation:	The Board of Directors are asked to: • Review for **assurance** the corporate safeguarding team Annual Report to offer assurance of the ongoing scrutiny and oversight of the statutory safeguarding functions of SHSC during the reporting period. • **Approve** the report Annual Safeguarding Report 2024 - 2025

Corporate Safeguarding Team Annual Report 2024-2025

Safeguarding Children and Adults is everybody's business

1.0 Introduction and Background

Sheffield Health and Social Care NHS Foundation Trust (SHSC) holds a statutory responsibility to safeguard adults, young people, children, and babies. This duty is underpinned by the following legislation and national guidance:

- The Care Act (2014) and Care and Support Statutory Guidance (DoH, 2016)
- Children Act (2004)
- Working Together to Safeguard Children (2023)
- Safeguarding Vulnerable People in the NHS: Accountability and Assurance Framework (2022)
- Children and Social Work Act (2017)

These frameworks establish the legal and ethical foundation for safeguarding practice across all SHSC services.

To fulfil these responsibilities, SHSC is committed to the following:

- **Policy and Governance:**
  Maintaining effective and up-to-date safeguarding policies and procedures that reflect national best practice. This includes safe recruitment processes and ensuring all staff—permanent, bank, agency—and volunteers are aware of and adhere to these policies.
- **Training and Competency:**
  Delivering safeguarding training that meets the needs of staff and aligns with the Intercollegiate Guidance for safeguarding adults and children.
- **Expert Advice and Threshold Application:**
  Providing expert safeguarding advice and support to staff. All safeguarding adult concerns are assessed against statutory legal criteria and the Safeguarding Adults Strategic Partnership (SASP) Safeguarding Responsibilities for Partnership document.
- **Safeguarding Supervision:**
  Embedding a structured safeguarding supervision model, based on an Action Learning Set approach, for all eligible clinical staff to support reflective practice and continuous improvement.
- **Assurance and Reporting:**
  Providing regular data and assurance to the Safeguarding Assurance Committee, Quality Assurance Committee, and the Safeguarding Children and Adults Partnerships, ensuring transparency and accountability in safeguarding performance.

1.1 Team Structure

The Team structure is outlined below:

Hester Litten

(Substantive) Head of Safeguarding

Sharon Griffiths (Secondment) Safeguarding Administrator (WTE)

Stephenie Barker (Substantive) Named Professional Adult Safeguarding (Domestic Abuse Lead) (WTE)

Heather Chalmers (Secondment) Named Professional Adult Safeguarding (Prevent Lead) (WTE)

Angela Whiteley (Substantive) Named Nurse Safeguarding (WTE)

Rachel Wright-Hamilton (Secondment) Safeguarding Practitioner (WTE)

Vacant (Substantive) Safeguarding Practitioner (WTE)

sex

In line with the **Safeguarding Accountability and Assurance Framework (SAAF)**, SHSC has clearly defined safeguarding leadership roles:

- **Designated Safeguarding Doctor:** Dr Ashritha Roy, Medical Director

- **Corporate Safeguarding Lead:** Vanessa Garrity, Deputy Director of Nursing

- **Executive Safeguarding Lead:** Dr Caroline Johnson, Executive Director of Nursing, Professions and Quality

These roles provide strategic oversight, clinical leadership, and operational assurance across all safeguarding functions.

Safeguarding Team Capacity

In recognition of increased safeguarding activity—particularly over the past 12 months—SHSC has invested in additional capacity through the appointment of a full-time Band 7 Safeguarding Practitioner. This post is currently held by Heather Chalmers, with recruitment to a substantive position planned for later in 2025 to ensure continuity and effective handover.

With this additional resource, SHSC has been able to separate the roles of Prevent Lead and Domestic Abuse Lead, allowing for:

- Greater focus on service improvement in each area

- Clearer delineation of responsibilities

- Enhanced support and peer collaboration between Named Professionals

The Domestic Abuse Lead also serves as the Trust's Multi-Agency Risk Assessment Conference (MARAC) Lead, supported by several SHSC staff who attend MARAC as organisational representatives.

1.2 Key Achievements and progress from 2023-2024

In our 2023/24 annual report, we set out the following priorities for the year ahead.

Objective from 2023/2024 Plan	Action / Progress
Relaunch Safeguarding Supervision across inpatient services with a target to achieve 50% in year one for all registered professionals.	• The Safeguarding Supervision Policy was reviewed to reflect a broader range of supervision formats, including those previously unrecorded but valuable for safeguarding reflection. • A small cohort of staff completed NSPCC Safeguarding Supervision and Resilience-Based Clinical Supervision training. • A cascade model is in place, with trained staff delivering supervision to clinical leaders to embed the model. • Further detail is provided in **Section 12**.

Achieve compliance with Level 3 Safeguarding Training for Adults and Children. Target of 90% compliance across the Organisation	• As of 8 April 2025:
	
	   • **Level 3 Children's Training:** 60.9% (non-compliant)
	
	   • **Level 3 Adults Training:** 89.9% (just below target)
	
	• A Task and Finish Group has been established for Children's Training, with a Recovery Plan monitored via the Safeguarding Assurance Committee.
	
	• Both training areas are now on the Risk Register.
	
	• Further detail is available in **Section 13**.

Closing down of all open safeguarding concerns on Insight in preparation for the new EPR system RIO. This requires action at Team level. Weekly updates to team are in place from June 2023	• Teams were instructed to complete Exit Forms for all open concerns. • While many teams complied, some concerns remain without Exit Forms. However, this does not indicate a lack of review or action. • All concerns since 2020 were reviewed by SHSC or Adult Social Care. • A new process is now in place to ensure outcomes are documented in RiO.
Implementation and monitoring of the new Sheffield Adult Safeguarding Partnership (SASP) Roles and Responsibilities document to ensure referrals are being actioned internally and shared with Adult Social Care as per guidance	• From May 2024, SHSC adopted the SASP Safeguarding Responsibilities for Partnership document. • Approximately 30% of concerns are now managed internally. • Increased confidence in applying the criteria has led to fewer unnecessary referrals to the Local Authority. • A joint audit with Sheffield Teaching Hospitals is planned to assess consistency in decision-making.
Ensure we are using Ulysses to its' full potential to report and record DHR, SAR and Section 42 Enquiries where possible. Transfer any open/ongoing DHR and SAR action plans to Ulysses to ensure robust monitoring of actions. Upload all new SAR and DHR consideration requests to Ulysses to improve transparency and clarity of the	• All new SARs and Domestic Abuse Related Death Reviews (DARDRs) requiring SHSC involvement are now recorded in Ulysses. • Historical cases with agreed actions have also been added. • A tracker remains in use for statutory information requests. • Future work will explore how Section 42 Enquiries can be managed via Ulysses.

process and stages of each investigation.	
Complete and publish our Service User Patient Incident leaflet that has been co-produced with our Expert by Experience.	• The leaflet is undergoing final review with input from the Patient Safety Specialist and Patient Safety Partners. • Due to its size and content, it will be published in booklet format with support from the Communications Team.
Sexual Safety is one of our Key Quality and Safeguarding objectives.	• SHSC has established a clear and structured process for reporting and responding to sexual safety incidents, supported by the implementation of a Sexual Safety Dashboard. (See Section 7 for further detail).

2.0 Governance Arrangements

2.1 Internal Governance and Assurance

The Safeguarding Assurance Committee has been operating in its current format since April 2021. It plays a critical role in providing oversight and holding the safeguarding team to account for the delivery of key performance indicators and statutory safeguarding responsibilities. This includes oversight of the Safeguarding Children, Young People and Adults at Risk in Sheffield – Section 11 Self-Assessment Audit.

The Committee receives and scrutinises quarterly safeguarding reports, which are then presented bi-annually to the Quality Assurance Committee, chaired by a Non-Executive Director. A summary of safeguarding performance and risks is subsequently reported to the Trust Board, ensuring a clear line of accountability.

Safeguarding reports are primarily authored by the Head of Safeguarding and the Named Nurse for Safeguarding Children, with contributions from the wider safeguarding team.

To support internal governance and continuous improvement, the safeguarding team holds:

• **Six-weekly Team Governance Meetings** to review the annual audit, work plan, and Terms of Reference.

- **Monthly Team Meetings** to monitor progress, share learning, and coordinate operational activity.

2.2   Audit and monitoring

The 2024/25 Safeguarding Team Audit Plan was approved at the Quarter 1 Safeguarding Assurance Committee (SAC) meeting in May 2024. Quarterly updates on audit progress were provided throughout the year, with a final update presented at the Quarter 4 SAC meeting in May 2025.

Audit Status at Year-End

At the end of Q4, no audits were outstanding. Two audits were rated Amber as they remain ongoing:
  ➢ The Child Protection Report Quality Audit, initiated in Q3 and Q4, identified challenges in capturing protective factors using the current report template. Further work is required to improve the format.
  ➢ The Child Visiting Policy Audit was delayed due to staff absence and the need to revise the audit tool. The tool has now been finalised with support from the Strategy and Quality & Performance Manager and distributed to ward areas for completion.

All other audits were rated Green and are on track.

Audit Tools and Data Collection

Standardised audit tools have now been developed for:
  ➢ Section 42 Enquiries
  ➢ Safeguarding Adult Concerns
  ➢ Child Protection Reports

These Excel-based templates include agreed audit questions and will be embedded into the 2025/26 Audit Plan, enabling more consistent data collection and meaningful reporting to SAC.

Statutory Review Actions

- There are currently no audits linked to actions from statutory reviews (e.g. SARs, DHRs), but this will be kept under review as new reports and recommendations emerge.

Practice Development and Capacity

- The Named Nurse for Safeguarding Children has provided targeted support to Burbage Ward, including MDT participation and documentation improvement. This work has been well received by ward staff and senior leaders.
- However, this additional support, along with involvement in a Serious Adult Review (SAR), has contributed to delays in some children's safeguarding audits.
- Planning for 2025/26
- SAC members have been invited to contribute suggestions for the 2025/26 Audit Plan, ensuring it reflects emerging priorities and areas for improvement.

3.0 Statutory Safeguarding Investigations

3.1 Safeguarding Children Practice Reviews (SCPR)

Child Safeguarding Practice Reviews (CSPRs) have replaced Serious Case Reviews and are conducted under the statutory arrangements set out in Working Together to Safeguard Children (2023). As part of the CSPR process, safeguarding partners undertake a Rapid Review to determine whether a full review is required and to identify any immediate learning.

In 2024/25, SHSC received four requests for information relating to potential CSPRs. Of these, three involved adults who were known to SHSC services. The safeguarding team contributed to the Rapid Review process in each case, ensuring timely and accurate information sharing with the safeguarding partnership.

3.2 Safeguarding Adult Reviews (SAR)

Under the Care Act 2014, a Safeguarding Adult Review (SAR) must be conducted when:

"There is reasonable cause for concern about how the Safeguarding Adults Board, its members, or other persons with relevant functions worked together to safeguard an adult, and the adult has died or experienced serious harm as a result of actual or suspected abuse or neglect."

SARs may also be commissioned in other circumstances, including where there is significant learning from a "near miss."

Activity and Trends

- In 2023/24, SHSC provided information to the Sheffield Adult Safeguarding Partnership (SASP) for 15 cases considered for SAR or Serious Incident Review (SIR), representing a 50% increase from the previous year.
- In 2024/25, this number rose sharply to 34 SAR information requests, marking a 133% increase year-on-year.

Emerging Themes

A number of commonalities in these incidents have been identified across these cases, however these are only at initial stage of information requests and more in-depth information will be gathered as these investigations progress to fully understand the issues:

- **Self-neglect and hoarding**: A dominant theme, with four cases involving fires in the individual's property.
- **Alcohol and substance misuse**: Frequently cited as a contributing factor in the cases reviewed.

These trends highlight the increasing complexity of safeguarding concerns and the importance of multi-agency collaboration in addressing risk factors such as chronic self-neglect and substance misuse. Some work is already underway to improve our response to Self-Neglect (see Section 4.4 -Self-Neglect and Systemic Challenges) and clinical and operational teams are working with Likewise to improve our response and support to individuals with a dual diagnosis of substance misuse/ alcohol misuse and mental illness.

3.3 Domestic Homicide Reviews (DHR)

In February 2024, the government renamed Domestic Homicide Reviews (DHRs) to Domestic Abuse Related Death Reviews (DARDRs). This change followed advocacy from charities and bereaved families, aiming to better reflect the full spectrum of domestic abuse-related deaths, including those resulting from suicide.

A DARDR must be conducted when the death of a person aged 16 or over appears to have resulted from violence, abuse, or neglect by:

- A relative,
- A current or former intimate partner, or
- A member of the same household.

This definition now explicitly includes suicides where domestic abuse has been identified as a contributing factor.

The expected timescale for completing a DARDR is approximately six months, although this may be extended due to coronial or criminal proceedings.

SHSC Activity in 2024/25

- SHSC received one request for information relating to a DARDR during the reporting year.

- This case did not progress to a full review and was instead investigated as a Serious Incident Review (SIR).

3.4 Serious Incident Reviews (SIR)

Where a serious incident related to domestic abuse occurs but does not meet the threshold for a Domestic Abuse Related Death Review (DARDR), the Safer Sheffield Partnership may commission a Domestic Abuse Serious Incident Review (SIR). These reviews are designed to identify learning and improve multi-agency responses to domestic abuse.

While the aim of a SIR is consistent with that of a DARDR, the process is typically:
- Shorter in duration
- Less formal and may not involve an independent chair.
- Concludes with a learning brief, which includes recommendations for action and is shared with professionals across Sheffield.

SHSC Activity in 2024/25
SHSC received two requests for information relating to Domestic Abuse SIRs during the reporting year.

All SHSC contributions to DARDRs, SARs, and SIRs are reviewed and approved by:
- The Deputy Director of Nursing
- The Executive Director of Nursing, Quality and Professions

This ensures appropriate governance and assurance prior to submission to the relevant safeguarding partnerships.

3.5 Learning from Reviews

SHSC is committed to ensuring that learning from safeguarding reviews is accessible, timely, and translated into meaningful improvements in practice.

Access to Learning

The Safeguarding Children, Safeguarding Adults, and Domestic Abuse intranet pages provide staff with clear explanations of all review processes (e.g. SARs, CSPRs, DARDRs, SIRs). These pages link directly to learning briefs published by the Sheffield Adult Safeguarding Partnership (SASP) and Sheffield Children Safeguarding Partnership (SCSP). Internally, these resources are also accessible via the Learning Hub.

SHSC contributes to the quarterly 'Lessons Learnt' report, compiled by the Patient Safety Specialist, which is presented to the Quality Assurance Committee and the Trust Board.

Areas for Improvement

- We recognise the need to:
- Improve the timeliness of sharing learning with teams and services directly involved in cases. We will ensure that staff who are allocated investigations are clear about their responsibilities to share immediate learning with relevant managers and directorate leaders, as chronologies, IMR's or Section 42 Enquiries are being written. We have already improved our guidance for staff completing Section 42 Enquiries and will review the guidance for statutory safeguarding investigations by end of Q1.
- Ensure that recommendations and actions are meaningful, clearly owned, and triangulated with other local or organisational improvement work. By ensuring investigators are sharing early learning with directorate leaders, actions should be produced in collaboration, so they are meaningful and connected to the learning identified.
- Strengthen governance and monitoring processes to track the implementation and impact of learning through use of Ulysses. We have already started using Ulysses for DARDR and SAR and will collaborate with colleagues in Clinical Governance to align all safeguarding investigations by end of Q2.

Examples of Learning in Practice

- **Sheffield Talking Therapies** staff participated in a case subject to a DARDR. In response:
  - 93 staff members attended Professional Curiosity Training.
  - The service amended its assessment form to include explicit prompts about domestic abuse.
  - An audit showed that 89% of assessments documented that domestic abuse had been explored.

- Following national learning on **Non-Fatal Strangulation (NFS)**:
  - Sheffield Teaching Hospitals developed a referral pathway to ensure victims of NFS are promptly supported by Head and Neck Services.
  - SHSC has incorporated this pathway into Level 3 Safeguarding Adults Training and made it available on the Safeguarding intranet pages (Jarvis).

4.0   Safeguarding Adults

Under the Care Act 2014, safeguarding duties apply to an adult who:
- Has needs for care and support (regardless of whether those needs are being met by the local authority).
- Is experiencing, or is at risk of, abuse or neglect; and
- As a result of those care and support needs, is unable to protect themselves from the risk or experience of abuse or neglect.

Where these criteria are met, the local authority has a statutory duty to undertake a Section 42 Enquiry:

"The local authority must make (or cause to be made) whatever enquiries it thinks necessary to enable it to decide whether any action should be taken in the adult's case and, if so, what and by whom."
(Care Act 2014, Section 42)

At SHSC, we are committed to creating a safe and responsive environment where both staff and patients are empowered to recognise, report, and prevent safeguarding concerns. Our safeguarding processes are designed to ensure that concerns are addressed promptly and that adults at risk are protected through coordinated, multi-agency responses.

We uphold the **six key principles** that underpin safeguarding:

• **Empowerment**: people being supported and encouraged to make their own decisions and give informed consent.

• **Prevention**: it is better to take action before harm occurs.

• **Proportionality**: the least intrusive response appropriate to the risk presented.

• **Protection**: support and representation for those in greatest need.

• **Partnership**: local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse.

• **Accountability**: accountability and transparency in safeguarding practice.

4.1 Making Safeguarding Personal (MSP)

The Care Act 2014 emphasises the importance of a personalised approach to safeguarding, ensuring that individuals feel central to the process and retain control over decisions affecting them. Since its introduction, the principle of *Making Safeguarding Personal* (MSP) has been a key driver in shaping our safeguarding practice.

Where individuals have capacity, our approach prioritises understanding the outcomes they wish to achieve, enabling them to feel safer and more empowered. To support this, the Safeguarding Team collaborated with the RIO implementation team to embed the City-Wide Adult Safeguarding Referral Form into the new Electronic Patient Record (EPR) system, RIO. This integration promotes consistency across statutory and voluntary partners city-wide and has already led to improved quality in referrals. The form prompts staff to explore and document the service user's wishes and feelings, and to identify any concerns regarding their capacity to consent.

As part of our audit programme, the Section 42 Enquiry Quality Checklist is evidencing that staff are increasingly asking individuals what they want from the safeguarding

process. Although current sample sizes are small, early findings also show that where individuals are unable to participate directly, there is evidence of meaningful engagement with family members or representatives.

Building on the best practice toolkit introduced in last year's report, we have continued to promote trust-wide understanding of MSP principles. The toolkit has been made available on the safeguarding pages of Jarvis, and the team has delivered a series of bitesize learning sessions to support its implementation. Furthermore, our Level 3 Safeguarding Adults training embeds MSP at its core, reinforcing the message that safeguarding must be tailored to the individual.

By embedding MSP principles into our training, referral processes, and Section 42 enquiries, we aim to ensure that safeguarding is consistently delivered in a way that is collaborative, transparent, and person-centred. Our goal is to keep individuals at the heart of all safeguarding decisions and interventions.

4.2 Provision of staff support including Allegations Against Staff (AAS)

The Safeguarding Practitioners play a central role in supporting Sheffield Health and Social Care NHS Foundation Trust (SHSC) staff across the organisation to identify, respond to, and manage safeguarding concerns. While all members of the safeguarding team contribute to advice and support, this function is primarily led by the Safeguarding Practitioners.

Access and Types of Support

Staff can contact the team via email, telephone, or Skype, with requests ranging from:

- Basic support (e.g. completing a referral)
- Specialist consultation (e.g. complex risk assessments or multi-agency coordination)

Practitioners provide:

- Assistance with Domestic Abuse, Stalking and Honour-Based Violence (DASH) risk assessments, Independent Domestic Abuse Services (IDAS) referrals, and safety planning
- Review of third-party intelligence reports and DASH assessments prior to submission
- Support with referrals to Children's and Adults' Social Care, including for individuals not known to SHSC
- Specialist advice on complex safeguarding issues such as cuckooing, human trafficking, honour-based abuse, and modern slavery

Multi-Agency and Internal Engagement

Safeguarding Practitioners:

- Attend Multi-Agency Tasking and Coordination (MATAC) meetings

- Deputise at Multi-Agency Risk Assessment Conferences (MARAC)

- Participate in Daily Incident Safety Huddles (DISH) (Monday, Wednesday, Friday), on a rotational basis with other team members

During DISH huddles, any incident with a safeguarding element is flagged for review.

The practitioners:

- Review records to ensure full context is captured

- Contact relevant staff (e.g. referrer, ward manager, matron) to offer advice and suggested safeguarding actions

- Quality assure concerns and support urgent safeguarding responses

- Document safeguarding oversight and actions on the incident form

Case-Based Support and Escalation

Practitioners also attend:

- Multi-Disciplinary Team (MDT) meetings

- Complex Case Management meetings

- Professionals' meetings where safeguarding input is required

Training and Development

The team contributes to:

- Delivery of Level 3 Safeguarding Adults Training

- Bitesize training sessions

- Bespoke training tailored to specific service areas where a need has been identified

The Head of Safeguarding (or deputy) is responsible for arranging Allegations Against Staff meetings when a concern has been raised.

Quarter	Number	Themes
Q1	21	Inappropriate behaviour and professional boundaries, physical harm, and verbal abuse. 10 cases required no further action, 3 cases progressed to HR investigation, 1 case was opened as a safeguarding enquiry and HR investigation and remaining cases were managed locally through training, supervision, and reflection with staff member(s).
Q2	15	Physical harm during restraint, verbal abuse, financial abuse, and staff conduct. 3 cases progressed to HR investigation, one case progressed to HR investigation and S42 Enquiry.

Quarter	Number	Themes
		Remaining 11 cases required no further action under the AAS Policy.
Q3	20	Physical harm during restraint, sexual safety, verbal abuse, and staff conduct. 4 cases progressed to HR investigation, 1 case progressed to HR investigation & Safeguarding referral made out of area. 2 police referrals, 2 Local learning responses, 9 cases required no further action under the AAS Policy. 2 cases were withdrawn by the Service User and review indicated there was no further action required.
Q4	13	Physical harm, verbal abuse, staff conduct (falling asleep, not following care plans) and financial abuse. 2 cases progressed to HR investigation, 4 Local learning responses, 2 cases were withdrawn by the Service User and review indicated that no further action was required, 5 cases required no further action
Total	69	

All cases recorded as requiring No Further Action (NFA) undergo a structured fact-finding process, including an initial huddle with relevant managers from the appropriate directorate. This process ensures that concerns are not dismissed prematurely and includes:

- Seeking further detail from the person raising the concern
- Reviewing clinical records for any indication of incident or misconduct
- Speaking directly with involved staff members

Policy Review and Process Development

In 2024/25, SHSC completed a review of the Allegations Against Staff Policy, with valuable input from an Expert by Experience/Volunteer. The revised policy strengthens support for both service users and staff. However, we have observed an increase in cases where concerns relate to staff conduct or clinical practice, rather than clear safeguarding breaches. This has highlighted the need for further review of internal processes to ensure that:

- Cases are managed proportionately based on complexity and severity
- Appropriate thresholds are applied for escalation to formal investigation

Confidentiality and Transparency

To protect the identity of individuals involved, we have not included detailed descriptions of allegations that progressed to further investigation. However, this information is available upon request from the safeguarding team, subject to appropriate governance.

Contextual Considerations

In some cases, particularly within inpatient services, allegations may be made by individuals who are acutely unwell. These concerns can be alarming but may be linked to a deterioration in mental health. SHSC takes all allegations seriously at the time they are made. Through initial concerns meetings, we are often able to quickly assess the likelihood of the allegation and determine appropriate next steps.

4.3 Contributing to Sheffield Adult MASH Huddles

Sheffield Health and Social Care NHS Foundation Trust (SHSC) contributes to the Sheffield Multi-Agency Safeguarding Hub (MASH) Huddles, which are held every Monday and Thursday. These huddles are a key part of the city's multi-agency safeguarding arrangements, enabling timely information sharing and collaborative risk assessment.

Current Contribution

- SHSC receives requests for information two working days in advance of each huddle.

- The safeguarding team provides relevant and proportionate information to help MASH colleagues understand:

  ➢ The individual's current involvement with SHSC

  ➢ Identified risks

  ➢ Actions taken or required to safeguard the person

- Due to limited team capacity, SHSC has not routinely attended the huddles in person but has ensured consistent and timely information sharing for all meetings.

Future Development

With the recent increase in safeguarding team capacity (see Section 1.0), SHSC plans to begin attending MASH huddles in person. This will:

- Strengthen SHSC's contribution to this valuable partnership process

- Enhance real-time decision-making and multi-agency collaboration

- Provide an opportunity to raise awareness of secondary mental health services among partner agencies

4.4 Adult Concerns Data and Activity

Safeguarding Adults

All SHSC staff now submit Safeguarding Adult (SA) referrals using the SA Concern form embedded within the RiO Electronic Patient Record (EPR) system. Each referral is screened by a Safeguarding Practitioner using both the statutory legal criteria and the *Safeguarding Responsibilities for Partnership* document.

Referrals that meet the statutory threshold are escalated to the Local Authority. Where concerns do not meet this threshold, responsibility for managing the issue remains with the originating team or service. We have observed a marked improvement in the quality of SA Concerns submitted. This is attributed not only to the structured form within RiO but also to the ongoing commitment of the Safeguarding Team in providing advice, support, and training. Referrals increasingly reflect *Making Safeguarding Personal* (MSP) principles, clearly articulate the nature of the concern, and outline actions already taken to mitigate risk.

Following the implementation of RiO, our safeguarding processes were reviewed, and the Standard Operating Procedure (SOP) was updated accordingly. Further details on the *Safeguarding Responsibilities for Partnership* document are available in Appendix 1.

Safeguarding Children

All safeguarding concerns relating to children are referred directly to the Local Authority's Safeguarding Children's Hub. In collaboration with the Vulnerabilities Manager, a new *Every Child Matters (ECM)* form was developed to ensure compatibility with RiO and compliance with the Hub's referral requirements. This form enables accurate data collection within RiO and replaces the need for separate incident forms.

Staff are required to use the ECM form to document all meaningful conversations with the Children's Hub, even when a referral is not accepted. However, it has been identified that the outdated ECM form from the previous system (Insight) was inadvertently transferred into RiO. This issue has been logged as an incident with the RiO team and is being addressed.

Advice and Support

Where staff require guidance rather than submitting a formal concern, they are encouraged to contact the Safeguarding Team for advice and support. Previously, in Insight, such interactions were recorded as 'progress notes,' but the system lacked the functionality to report on this activity. With RiO, we have developed a dedicated form to record safeguarding advice, and an additional section is being added to the SA Concern form to capture advice given in relation to specific concerns. This enhancement will allow us to better evidence the volume and impact of safeguarding support provided across the organisation.

Number of Adult Safeguarding Concerns Raised by SHSC

All Adult Safeguarding (SA) Concerns raised by SHSC are reviewed by the Safeguarding Team to ensure they meet both statutory and locally agreed criteria. This review process serves several important functions beyond compliance:

- Safeguarding Advice: It provides an opportunity for the Safeguarding Team to offer timely advice on actions that can be taken to protect the person at risk.
- Referral Quality Improvement: Referrers may be asked to provide additional detail about the concern and to outline any actions already taken. This supports colleagues in the Multi-Agency Safeguarding Hub (MASH) in making informed assessments.
- Learning and Recognition: The review process allows the team to identify areas for improvement within services, offer constructive feedback, and recognise good safeguarding practice.

This approach not only strengthens the quality of referrals but also reinforces a culture of continuous learning and shared responsibility across the organisation.

Breakdown of safeguarding referrals data

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Internal Concerns Raised	61	62	73	74	50	42	73	85	62	64	62	56

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Older Adult Service	13	15	10	6	2	4	8	10	6	19	12	13
Learning Disability Service	0	0	0	0	0	2	0	0	0	0	1	2
Neuro Enablement Service	0	1	0	0	0	0	1	1	0	0	0	0

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Rehabilitation & Specialist	9	10	26	21	26	20	31	34	27	27	24	32
Acute & Community	52	52	47	53	24	22	42	51	35	37	38	24

Key Insights:
- **Total referrals this year**: 764 (average of 191 per quarter)
- **Previous year**: 828 (average of 207 per quarter) — a **7% decrease**
- **Internally managed concerns**: 29% on average
- **Q3 and Q4** show an increase in referrals not shared with the Local Authority, suggesting growing confidence in using the SA Concern form since its launch in **May 2024**

Planned Joint Audit with Adult MASH

SHSC and Sheffield Teaching Hospitals (STH) are planning a joint audit in collaboration with colleagues from the Adult Multi-Agency Safeguarding Hub (MASH). The focus of this audit will be on referrals that were not submitted to MASH, with the aim of evaluating the consistency and appropriateness of our internal assessments against the agreed documentation and criteria.

The findings from this audit will be shared with the Adult Health Reference Group and the SASP Performance & Quality Subgroup, contributing to ongoing quality assurance and continuous improvement in safeguarding practice across the system.

Number of referrals by Quarter	No NOT sent to Adult MASH	%
Q2 166 (note new process began May 2024)	39	23%
Q3 220	62	28%
Q4 182	64	35%

Safeguarding Referrals from Services Using Alternative Systems

Sheffield Talking Therapies and the Long-Term Neurological Conditions (LTNC) Team operate on separate electronic systems—**IAPTUS** and **SystmOne**, respectively. While their referral processes differ from those using RiO, both services ensure that copies of safeguarding concerns submitted to the Adult MASH are shared appropriately.

Following the review of each referral, the primary type of abuse is recorded, along with any additional types of abuse identified. This ensures consistency in data recording and supports accurate analysis of safeguarding trends across the organisation.

Safeguarding Adult Concerns by Types of Abuse

Most Frequent Reported Abuse
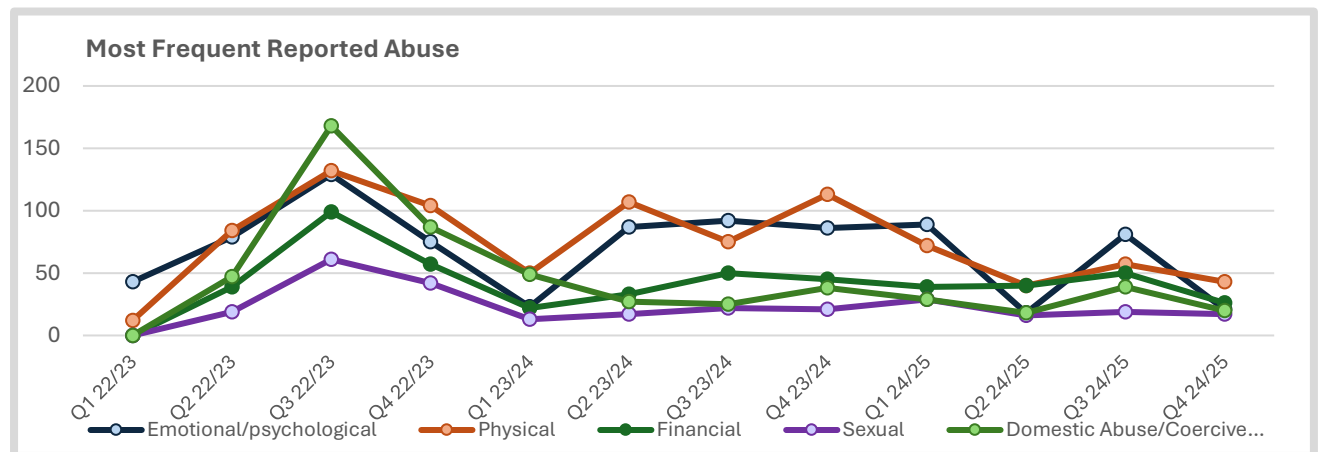
Following the review of each safeguarding referral, the primary type of abuse is recorded, along with any additional types noted in the Safeguarding Adult (SA) Concern. Over a two-year data period, physical abuse has consistently been the most frequently recorded type, closely followed by emotional and psychological abuse.

It is encouraging to note that domestic abuse and coercive and controlling behaviour remain among the top five categories of abuse identified. This reflects continued improvement in the recognition and response to domestic abuse across SHSC. These themes have been emphasised in the recent review of our Domestic Abuse Policy, through bitesize training, and within our Level 3 Adult Safeguarding training, where domestic abuse is a significant focus.

Nationally, domestic abuse remains a critical concern. According to UK statistics:

- **30.3% of women** and **21.7% of men** report experiencing domestic abuse in their adult lives.

- In the past year alone, an estimated **2.3 million adults** (1.6 million women and 712,000 men) experienced domestic abuse.

- The Safeguarding Minister has described Violence Against Women and **Girls** as a *"national emergency."*

Self-Neglect and Systemic Challenges

Data presented at the SASP Performance and Quality Group indicates that self-neglect is now among the top five categories of referrals received by the Sheffield Adult MASH. However, learning from Safeguarding Adult Reviews (SARs), alongside professional intelligence, suggests that staff confidence in identifying self-neglect remains limited. Despite the Self-Neglect Policy being in place since June 2022, its application has been inconsistent.

There has also been confusion across the partnership regarding the appropriate use of the Vulnerable Adults Risk Management Model (VARMM) and Complex Case Management (CCM) frameworks. Both tools have, at times, been applied outside of safeguarding processes and in cases where self-neglect is not a factor.

To address these challenges, a Self-Neglect Project has been initiated through SASP. This project will be led by the Designated Professional from the ICB, with support from the SHSC Head of Safeguarding. The project aims to improve understanding, consistency, and confidence in managing self-neglect across the system.

Most Frequent Reported Abuse
(2 Year Total)

Category	Value
Domestic Abuse/Coercive & Controlling Behaviour	245
Sexual	154
Financial	305
Physical	557
Emotional/psychological	497
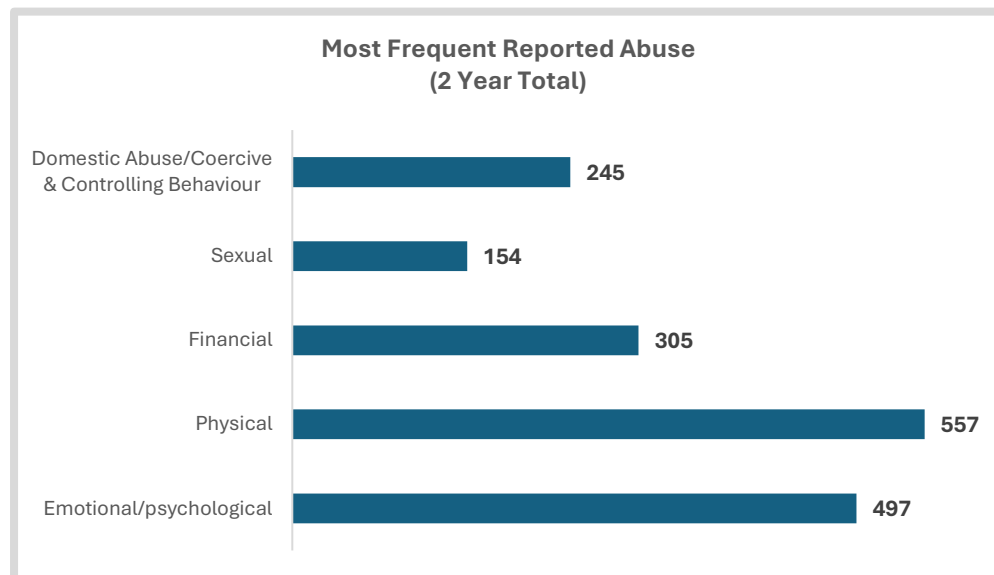
Notifications of Concern by Ethnicity

Concerns by Ethnicity

Legend: Sheffield Census (green), SHSC % (blue)

Ethnicity	Sheffield Census	SHSC %
Not Recorded	0.00%	18.18%
Other Ethnic Group	7.00%	0.91%
Black/African/Caribbean	3.60%	6.36%
Asian/Asian British	8.00%	9.09%
Mixed/Multiple Ethnic Group	0.00%	5.45%
White	86.70%	60.00%
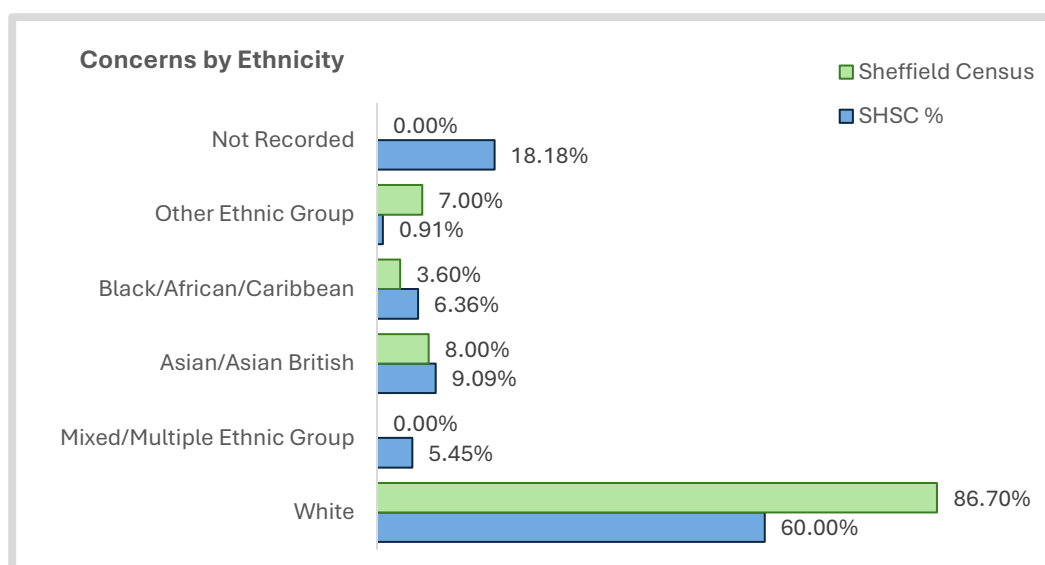
Key Points:

- **Black/African/Caribbean/Black British** individuals are **overrepresented** in safeguarding referrals compared to their 3.6% representation in the Sheffield population.

- A significant portion of referrals (**over 18%**) had **ethnicity not recorded**, which limits the accuracy of demographic analysis.

- **Mixed/Multiple Ethnic Groups** are not included due to the absence of comparable census data.

Concerns by Ethnicity

Legend:
- White
- Asian/Asian British
- Other Ethnic Group
- Mixed/Multiple Ethnic Group
- Black/African/Caribbean
- Not Recorded
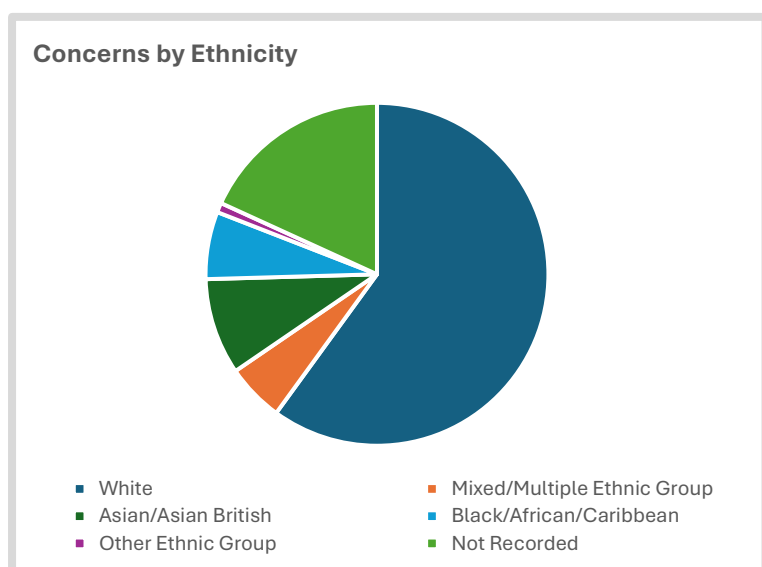
Improving Demographic Data Recording

Reviews, audits, and investigations have consistently highlighted the need for improvement in the completion of demographic information, particularly regarding ethnicity and other protected characteristics. Accurate and complete demographic data is essential for understanding patterns of safeguarding concerns and ensuring equitable service delivery.

To address this, the Head of Population Health and Inequalities is leading a Quality Improvement (QI) project aimed at enhancing the recording of protected characteristics across SHSC services. This initiative will support more inclusive and data-informed safeguarding practices.

It is also anticipated that the implementation of the new Electronic Care Record system, RiO, will further support improved data recording. The impact of these changes will begin to be assessed in the Q1 report of the next financial year, where we expect to see early indications of progress in data completeness and quality.

Section 42 Enquiries

Number of referrals by Quarter	No NOT sent to Adult MASH	% NOT sent to MASH	No of S42 Enquiries caused	S42 Enquiries as a % of referrals sent
Q1 196	(Responsibilities document not in use in Q1)		12	
Q2 166	39	23%	8	6%
Q3 220	62	28%	8	5%
Q4 182	64	35%	2	1.6%
Total 764	165		30	

Section 42 Enquiries: Allocation, Risk, and Improvement Measures

SHSC previously implemented a Standard Operating Procedure (SOP) for the allocation of Section 42 (S42) Enquiries, which relied on a rotational system among trained staff. The intention was to ensure equitable distribution and maintain staff competence. Staff were permitted to decline one allocation due to competing priorities, with the understanding they would be next in line.

However, in practice, multiple staff declined enquiries due to time constraints, other commitments, or uncertainty about their training status. This led to repeated reallocation of enquiries and significant delays in completing statutory investigations. In some cases, staff did not notify the Safeguarding Team promptly, further compounding delays. As a result, this issue was escalated and added to the Corporate Risk Register:

Corporate Risk 5429: Section 42 Enquiries are not currently being allocated and completed within statutory timeframes as required by the Care Act 2014. SHSC is at risk of further breaches due to ongoing delays in allocation and staff capacity, resulting in delayed information sharing with Sheffield Adult Social Care and a failure to fully apply Making Safeguarding Personal principles.

This risk and the need for a revised process were presented to the Safeguarding Assurance Committee (SAC) in Q3. In response, a new allocation process has been agreed in collaboration with Heads of Nursing and Heads of Service. The revised model mirrors the complaints process:

- General Managers (GMs) will be allocated enquiries on a rotational basis by the Safeguarding Team.

- GMs will then allocate enquiries to appropriately trained staff within their services.

- This approach ensures equitable distribution, maintains staff competence, and allows GMs to consider team pressures and existing workloads.

A new list of trained staff has been compiled using data from SASP Training and SHSC Training Teams, covering those who completed relevant training since 2022. The only outstanding action is a joint communication from Heads of Nursing, Heads of Service, the Safeguarding Team, and the Deputy Director of Operations to formally launch the new process and reinforce its importance.

Supporting materials have been developed, including:

- Updated SOPs for the Safeguarding Team and General Managers

- A list of trained staff shared with GMs

- A completed S42 Enquiry 'crib sheet' to guide staff through the process

All S42 Enquiries will continue to be reviewed by the Patient Safety Overview Panel (PSOP). Progress is monitored via the S42 Tracker, which enables escalation to directorates when necessary. Authors of enquiries are also expected to present their findings and associated action plans.

Monitoring and System Integration

There is a recognised need to strengthen the monitoring of action plans to ensure local ownership through team governance meetings, while maintaining directorate-level oversight. SHSC will work with the Risk Team to explore the use of Ulysses for tracking S42 Enquiries and associated actions, alongside those from Domestic Homicide Reviews (DHRs) and Safeguarding Adult Reviews (SARs).

Section 42 Enquiries: 2024/25 Overview

In 2024/25, SHSC was caused 29 Section 42 Enquiries, representing a 39% decrease from the previous year (48 enquiries). The majority of these were attributed to the Acute and Community Directorate (19 enquiries), followed by Rehabilitation and Specialist Services (11 enquiries), of which 7 related to Older Adults Services.

Common themes across these enquiries included:

- **Physical abuse**

- **Neglect**, including both self-neglect and concerns related to care, and treatment provided by SHSC

Learning from Section 42 Enquiries is individualised to meet the safeguarding needs of that person. Action taken may vary from moving the person at risk or the source of harm to another provision, increased observations and/or review of care planning and risk assessment. In some cases, there may also have been involvement from HR. Where there is wider learning, other specialist teams may be asked to support such as Respect Team, Physical health team, IPC.

We recognise the need improve processes to capture and disseminate learning as stated in Section 3.5.

5.0 PREVENT

The Named Professional for Safeguarding Adults serves as SHSC's Operational Lead for Prevent, and, alongside the Head of Safeguarding, represents the Trust at the Channel Panel.

Prevent is part of the Government's Counter Terrorism Strategy (CONTEST). It focuses on early intervention to safeguard individuals from being drawn into terrorism. As part of this strategy, all healthcare staff are required to complete mandatory Prevent training, which must be refreshed every three years. (Training compliance figures are included elsewhere in this report.)

All SHSC staff have a duty to raise concerns if they believe a service user is at risk of radicalisation or involvement in terrorist activity. Such concerns are reported to the South Yorkshire Police Prevent Team, who assess the situation. If appropriate, the individual may be offered support through the Channel Panel.

The Channel Panel is a multi-agency safeguarding programme that supports individuals vulnerable to radicalisation. If an SHSC service user is accepted into the Channel process, the relevant SHSC staff member or team is invited to participate in the panel to ensure coordinated support.

Channel operates within existing safeguarding frameworks and relies on strong collaboration between partners. SHSC is proud to report 100% attendance at Channel Panel meetings this year, reflecting our commitment to safeguarding and early intervention.

Quarter	No of Referrals by SHSC	No of Channel Panels	No of Requests for information	Exit Panel Reviews
Q1	0	4	6	4
Q2	1	4	10	3
Q3	1	4	1	3
Q4	0	4	11	5

6.0 Safeguarding Children

6.1 Children and Young People Concerns Data

Throughout the reporting period, the Named Nurse for Safeguarding Children has continued to strengthen collaborative working with partner agencies, promoting effective

multi-agency safeguarding across Sheffield. The overarching aim is to ensure seamless coordination between services to safeguard and protect children.

The Named Nurse provides expert advice and support to SHSC clinicians on making appropriate referrals to children's services. In addition, they offer guidance to professionals from partner agencies on mental health, SHSC services, and how to access the right support for children and families.

Close partnership working has also been established with the Vulnerabilities Manager for the Sheffield Children Safeguarding Partnership (SCSP), who supports SHSC clinicians in navigating referral pathways to the Safeguarding Hub and accessing other relevant services.

The increasing number of advice and support requests from SHSC clinicians regarding the children of service users reflects growing awareness and engagement with safeguarding responsibilities. This positive trend demonstrates the impact of strengthened partnerships and the accessibility of safeguarding expertise within the organisation.

Advice Calls Made by SHSC Services to SCSP Vulnerabilities Manager

Breakdown of advice calls made to Vulnerabilities Manager by Mental Health Teams Q4 24/25
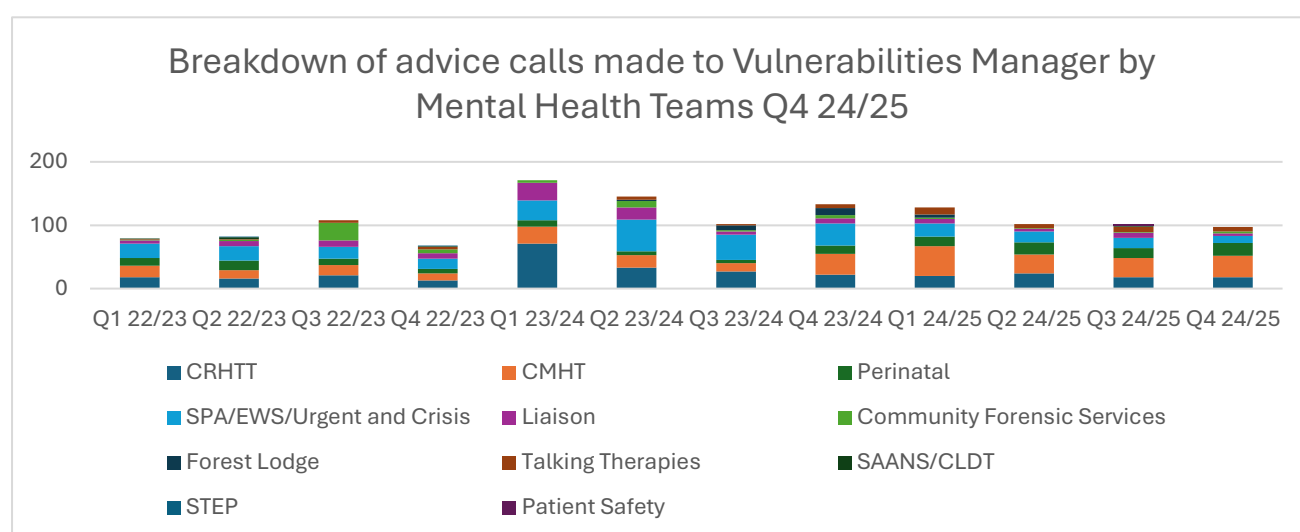
(Included within the CMHT figures are Adult and Older Adult CMHT, CERT, EIS and AOT)

The data reflects SHSC's continued commitment to strong partnership working with the Sheffield Children Safeguarding Partnership (SCSP). There is clear evidence of effective information sharing, joint working, and shared learning between services, all contributing to improved outcomes for children at risk of abuse and neglect.
Over the reporting period, a total of 428 advice calls and requests for information were received, averaging 107 per quarter. This figure has remained stable but shows

an overall increase since data collection began in 2022/23, indicating sustained engagement and growing awareness among SHSC clinicians.

The majority of calls consistently originate from:
- Community Mental Health Teams (CMHT)
- Urgent & Crisis Services
- Perinatal Team
-

The Named Nurse for Safeguarding Children and the SCSP Vulnerabilities Manager have continued to deliver targeted training sessions and provide safeguarding supervision to several SHSC teams. Staff are increasingly aware that they can contact the Vulnerabilities Manager for advice on specific cases, which has strengthened multi-agency collaboration.

Notably, staff who previously worked in substance misuse services and have since returned to mental health roles have brought with them a strong culture of safeguarding engagement. Their established practice of regular liaison with the Vulnerabilities Manager has positively influenced their new teams, where they are now role-modelling best practice in safeguarding children.

Child Safeguarding/Protection

Identifying parents of children that are subject to child protection processes who have mental health issues and are known to SHSC, ensures that SHSC clinicians are aware of proceedings and can participate in the process. Clinicians will provide a detailed report and attendance at the Child Protection Conference. In cases where the parents have historic contact a short report is provided noting contact with SHSC services, engagement, and any relevant risk factors.

This provides both; a level of support to current SHSC clients but also ensures that the safety and welfare of children at risk are a priority for SHSC. This process will continue.

Child Protection Conferences Q4 24/25
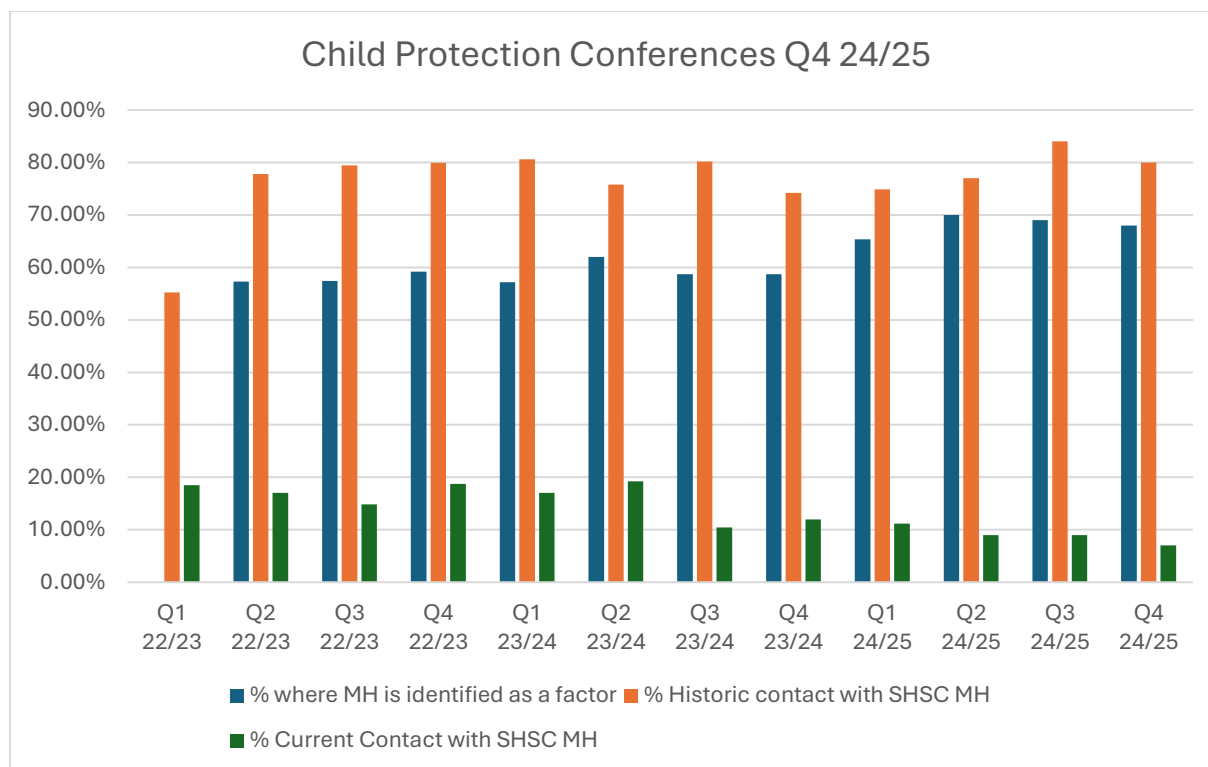
In Q4, a total of 237 Child Protection Conferences were held across Sheffield. SHSC reviewed each case against our electronic care records, ensuring that relevant information—both current and historical—was shared with the Sheffield Children Safeguarding Partnership (SCSP). This included any identified risks associated with SHSC service users.

Key data from Q4:

- 161 cases identified mental health as a contributing factor.

- 189 cases involved historic contact with SHSC mental health services.

- In 17 cases, one or more adults were actively open to SHSC services at the time of the conference.

This level of activity highlights the significant resource demand and the importance of SHSC's role in safeguarding children. Participation in Child Protection Conferences remains consistently high, with SHSC staff also initiating and attending emergency meetings where children and young people are at immediate risk.

Conferences are delivered in a hybrid format, including Microsoft Teams, in-person, and mixed attendance. While initial conferences are typically arranged at short notice and are often face-to-face, SHSC staff make every effort to attend. In cases where in-person attendance is not feasible due to clinical demands, arrangements are made for virtual attendance, with agreement from the Conference Chair.

In all instances, SHSC ensures that:

- Relevant information is shared with SCSP in advance.

- Reports are submitted where possible.

- SHSC maintains a meaningful contribution to the safeguarding process, even when direct attendance is not possible

Children's Multi Agency Safeguarding Hub

The Safeguarding Hub is responsible for screening all referrals into Children's Social Care. When a referral is identified as safeguarding-related, the Hub seeks additional information from partner agencies to inform decision-making. This is typically done through a short report, which includes details on:

- Identified risks
- Relevant diagnoses
- Level of engagement with services
- Advice on available support

In most cases, this report is completed by the Named Nurse for Safeguarding Children. It also provides an opportunity to share contact details of SHSC clinicians involved with family members who are currently accessing mental health services. This facilitates a multi-agency approach to supporting families and ensures that mental health considerations are integrated into safeguarding responses.
In addition, SHSC staff attend strategy meetings on a case-by-case basis where there are concerns related to mental health, further reinforcing our commitment to collaborative safeguarding practice.

Safeguarding Children Referrals

SHSC clinicians make safeguarding referrals for children into the Multi-Agency Safeguarding Hub (MASH) via telephone, engaging in what is referred to as a 'meaningful conversation.' To document these referrals, staff are expected to complete an incident form in Ulysses, which serves multiple purposes:

- Provides a record of the discussion

- Creates an audit trail to evidence information sharing

- Enables data collection on the volume and nature of referrals made

However, the process of completing the Ulysses form is not yet fully embedded. Feedback from staff indicates that the process is perceived as time-consuming, leading to frequent omissions. The Safeguarding Team, Named Nurse, and Vulnerabilities Manager continue to promote the importance of this step through advice calls, training, and supervision.

To streamline the process, a new combined Every Child Matters (ECM) referral form was developed for inclusion in the RiO Electronic Patient Record (EPR). This form is designed to replace the need for a separate incident form by:

1. Capturing children's demographic details, their connection to the service user, and parental responsibility.

2. Supporting staff in making safeguarding referrals and ensuring clear documentation within RiO.

Unfortunately, an incorrect version of the ECM form was transferred from Insight to RiO. The Named Nurse is currently working with the RiO team to correct this. Once the revised form is embedded and in consistent use, the requirement for additional incident forms will be removed. However, this transition will only occur once there is confidence that the new form is being used appropriately and reliably.
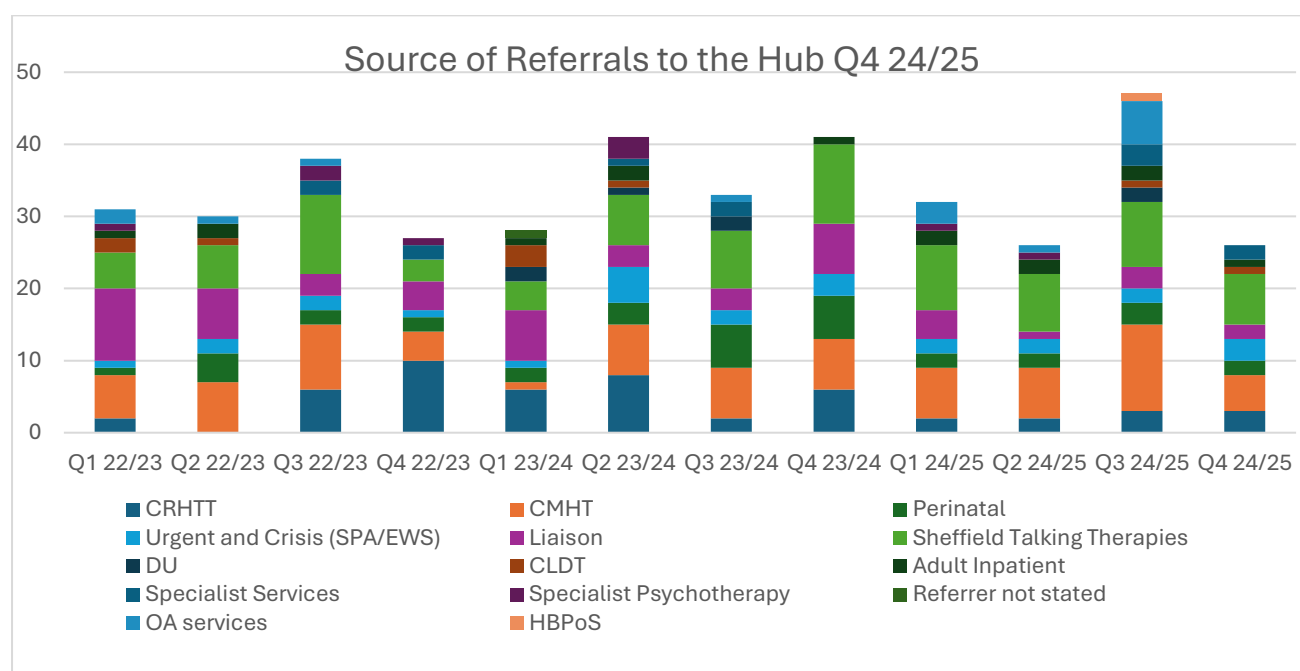
Children's Safeguarding Referrals made to the Safeguarding Hub.

Information provided by the Sheffield Children Safeguarding Partnership (SCSP) indicates that, while there has been an improvement in the recording of referrer details at the point of referral, ongoing audits continue to identify inaccuracies. One of the most common issues is the misidentification of SHSC referrers—for example:
*   SHSC staff being recorded as Adult Social Care
*   Sheffield Talking Therapies being incorrectly logged as private therapy providers

These inaccuracies suggest that the actual number of referrals made by SHSC services is likely underreported.
Despite this, available data shows that Sheffield Talking Therapies and Community Mental Health Teams (CMHT) have made the highest number of referrals during the reporting period. This reflects strong engagement from these services in safeguarding children and reinforces the importance of accurate data recording to ensure SHSC's contribution is fully recognised.

Source of Referrals to the Hub Q4 24/25

Legend: CRHTT, CMHT, Perinatal, Urgent and Crisis (SPA/EWS), Liaison, Sheffield Talking Therapies, DU, CLDT, Adult Inpatient, Specialist Services, Specialist Psychotherapy, Referrer not stated, OA services, HBPoS

To support accurate interpretation of referral data, the following service groupings are used:
- **CRHTT**: Includes Crisis Resolution and Home Treatment Team and Out of Hours Service
- **CMHTs**: Includes Early Intervention, Recovery Teams, Assertive Outreach Team, and CERT
- **Adult Inpatient**: Includes Endcliffe and Forest Lodge
- **Older Adults (OA)**: Includes both community and inpatient services
- **Specialist Services**: Includes HIT Neuro Case Management, SCRIBT, Eating Disorder Service, Gender Identity Clinic, and the Research & Development Team

The Safeguarding Children's Hub also records advice calls made by SHSC staff, which are reflected in the data presented in this report.

Feedback from the Safeguarding Hub indicates that the quality of referrals from SHSC is improving. However, a significant proportion of referrals continue to fall below the threshold for action. Common reasons for this include:
- Parents are already engaged with appropriate support services
- MASH checks have not identified any current safeguarding concerns
- Adequate support is already in place to manage the situation

This highlights the importance of continued training and supervision to support staff in making appropriate, timely, and well-evidenced referrals, while also recognising the value of advice calls as part of early intervention and safeguarding practice.
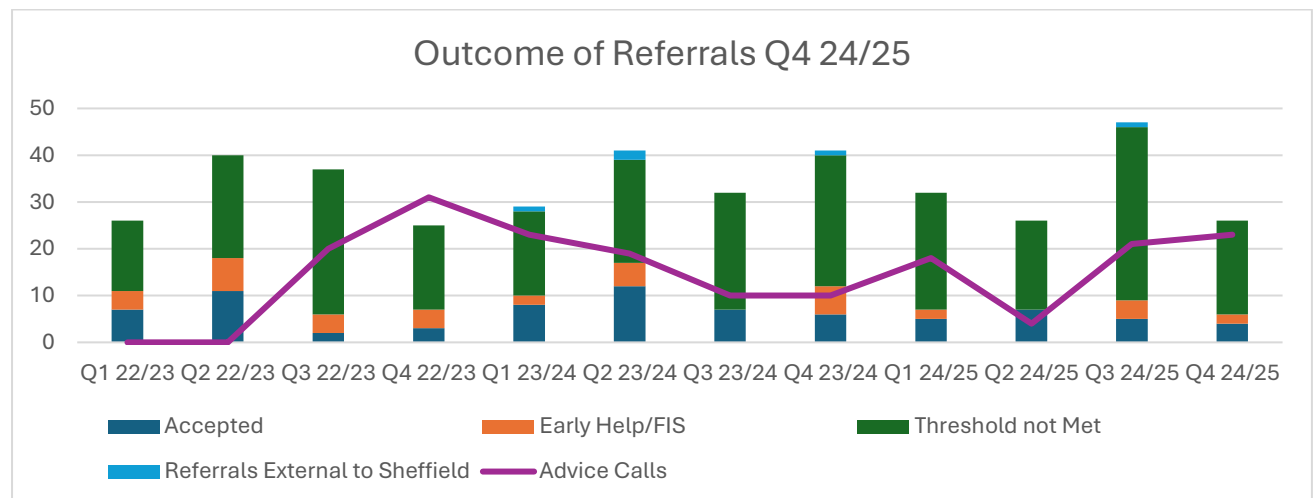
Promoting a Think Family and Contextual Safeguarding Approach

Data from this reporting period shows a notable increase in referrals during Q3, which was partly due to multiple referrals relating to three individual service users. This highlights the complexity and intensity of some safeguarding cases and the importance of a coordinated, whole-family approach.

The Think Family approach and the Contextual Safeguarding Agenda remain central to SHSC's safeguarding activity. These principles are actively promoted by the Safeguarding Team and are embedded in a wide range of meetings and forums attended by safeguarding staff. Efforts continue to ensure these approaches are further integrated across the Trust.

To support this, learning briefs from the Parental Mental Health Group and other safeguarding learning events are regularly delivered by the Named Nurse and Vulnerabilities Manager. These sessions are provided to both SHSC staff and Children's Social Care colleagues through supervision and training. They reinforce the importance of:

- Multi-agency assessment and planning

- Considering the wider family context

- Understanding the community and environmental factors that may influence risk and resilience

This ongoing work supports a more holistic and collaborative safeguarding culture across services.

Strategy Discussions and Safeguarding Supervision

A Strategy Discussion is convened when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. These discussions typically involve Children's Social Care, the police, health professionals, and other relevant agencies, including the referring organisation.

SHSC clinicians participate in Strategy Discussions where parents are known to SHSC services. In addition, the Named Nurse for Safeguarding Children attends Strategy Discussions at the request of Children's Social Services in cases where:

- Families are not currently open to SHSC services

- There are concerns that mental health support may be needed

- Parents have previously struggled to engage with mental health services

In these instances, the Named Nurse has played a key role in encouraging engagement, offering signposting advice, and supporting a multi-agency approach to safeguarding. This proactive involvement will continue as part of SHSC's safeguarding commitment.

The Named Nurse also contributes to a wide range of multi-agency meetings (see Section 9.0: *Partnerships and External Meetings*), ensuring SHSC's voice is represented in broader safeguarding discussions.

Safeguarding Supervision and Staff Support

During 2024/25, the Named Nurse and the Vulnerabilities Manager for SCSP have delivered safeguarding children case supervision across SHSC services. These sessions have been well received and provide staff with a reflective space to:

- Seek support in managing complex cases

- Deepen understanding of referral processes and child protection procedures
- Strengthen multi-agency working practices

Supervision sessions have been delivered to the following teams:

- Early Intervention Services
- Perinatal Services
- Community Mental Health Teams (CMHT)
- Liaison Psychiatry
- Crisis Resolution and Home Treatment Team (CRHTT)
- Assertive Outreach Team (AOT)
- Community Enhanced Recovery Team (CERT)

These sessions continue to build staff confidence and competence in safeguarding children and will remain a key part of SHSC's safeguarding support offer in the coming year.

7.0 Domestic Abuse

The Domestic Abuse Act (2021) provides further protection to victims of domestic abuse and strengthen measures to tackle perpetrators. There is now a wide-ranging legal definition of domestic abuse which incorporates a range of abuse beyond physical violence, including emotional, coercive or controlling behaviour and economic abuse.

Under the Act, Police have also been given new powers including Domestic Abuse Protection Notices, providing victims with immediate protection from abusers, whilst Courts can now issue Domestic Violence Protection Orders to help prevent offending by enforcing perpetrators to engage in support. The Government have also added in new measures to further strengthen the law including creating a new offence of non-fatal strangulation and threats to disclose intimate images.

Other measures in the Act include:

- extending the controlling or coercive behaviour offence to cover post separation abuse.
- Explicitly recognises children as victims as they undoubtedly see, hear or experience the effects of abuse
- Establishing in law the office of Domestic Abuse Commissioner and set out its functions and powers.

Sexual Safety: Monitoring, Insight, and Inclusive Practice

SHSC has established a clear and structured process for reporting and responding to sexual safety incidents, supported by the implementation of a Sexual Safety Dashboard. This tool enables the Trust to:

- Monitor incidents at a Trust-wide level

- Provide individual services with a breakdown of incidents

- Support both individual case responses and the identification of emerging themes

The dashboard also facilitates triangulation of data, allowing the development of qualitative insights into the nature, context, and response to sexual safety incidents. This enhances our ability to take informed, proactive steps to improve safety and care.

While our primary focus remains on incidents occurring in acute inpatient settings, we have also begun to extend this work into the community. This includes collaboration with:

- Community organisations specialising in sexual violence

- Groups working with individuals with protected characteristics, to ensure our approach is intersectional, person-centred, and trauma-informed

This collaborative work aims to develop a suite of resources that will:

- Enable practitioners to signpost service users to specialist support

- Enhance staff knowledge and confidence in addressing sexual safety concerns

The Sexual Safety programme was previously supported by an Expert by Experience, whose contributions were invaluable. Although they have temporarily stepped away from the work, their input has helped shape the direction of this important initiative.

Supporting SHSC Staff Affected by Domestic Abuse

In May, the Head of Safeguarding and the Head of Population Health and Inequalities at SHSC met with colleagues from Sheffield Teaching Hospitals (STH), IDAS (Independent Domestic Abuse Services), and Sheffield Hospitals Charity to review the current support available for NHS staff who may be survivors of domestic abuse.

The aim of the meeting was to better understand:

- How we can enhance support for staff affected by domestic abuse
- The barriers staff may face in disclosing abuse to colleagues or managers
- How to ensure access to trauma-informed support

Both SHSC and STH shared details of their current internal support mechanisms. The group agreed that there is an opportunity to strengthen this response, drawing on learning from a pilot project currently being delivered by IDAS in partnership with Barnsley Healthcare Trust. Barnsley, a trust of comparable size to SHSC, received nine staff referrals for domestic abuse support within the first six weeks of the project.

Building on this model, Sheffield Hospitals Charity is now drafting a funding bid to develop a similar initiative in Sheffield. The proposed project will aim to:

- Gather data on staff reporting patterns and barriers to disclosure
- Provide access to specialist Independent Domestic Abuse Advocates (IDVAs) for staff
- Deliver training for managers, led by IDVAs, to build a skilled and confident workforce capable of supporting colleagues experiencing domestic abuse

This initiative reflects SHSC's commitment to creating a safe, supportive, and inclusive workplace, where staff wellbeing is prioritised and those affected by domestic abuse are empowered to seek help.

7.1 Multi Agency Risk Assessment Conference (MARAC)

The Multi-Agency Risk Assessment Conference (MARAC) is a key safeguarding forum where high-risk cases of domestic abuse, including Honour-Based Abuse, are discussed. MARAC enhances—rather than replaces—existing safeguarding arrangements and focuses on the safety of the victim and any children involved.

MARAC is attended by a wide range of statutory and voluntary sector partners, including:

- Police
- Health services
- Children's Social Care
- Housing
- Independent Domestic Violence Advisors (IDVAs)
- Probation
- Mental health and substance misuse services

The process is built on the understanding that no single agency can fully understand or manage the risks alone, but each may hold vital information that contributes to a comprehensive risk management plan.

SHSC's Role and Contribution

The Named Professional for Safeguarding Adults is SHSC's lead representative at the Sheffield MARAC, which is held weekly on Tuesdays. Following each meeting:

- Outcomes and risk-related actions are documented in Insight for the victim.

- A warning flag is added to both the victim's and alleged perpetrator's records.

- To protect victims, no MARAC documentation is added to the perpetrator's RiO record.

SHSC has worked with the Electronic Patient Record (EPR) team to ensure that RiO includes a confidential space for MARAC documentation and alerts for individuals known to MARAC.

Training and Process Development

The DASH-RIC (Domestic Abuse, Stalking and Honour-Based Violence Risk Identification Checklist) is reviewed by the Named Professional before submission. Recognising that some staff were unfamiliar with the form, the Safeguarding Team delivered:

- Bitesize training sessions on MARAC and DASH-RIC completion

- A case scenario in Level 3 Safeguarding Adults training to build confidence and familiarity

A comprehensive Standard Operating Procedure (SOP) has been developed, covering:

- MARAC checks and meeting preparation

- SHSC referral and DASH presentation

- Inviting SHSC referrers

- Post-MARAC documentation and action tracking

Capacity and Demand

On average, 30 cases are heard at MARAC each week. In Q4, this rose to 34 cases per week, with approximately 13 cases involving SHSC service users. The volume of high-risk cases has led to delays in referrals being heard.

To address this, South Yorkshire Police, IDAS, and Sheffield City Council (Integrated Commissioning) have worked together to:

- Increase MARAC frequency to twice weekly

- Prioritise cases involving children on a dedicated day

- Review a waiting list of 52 cases, with SHSC contributing to the review by 24/03/25

This expansion will significantly impact capacity across all partner agencies. Additional MARAC sessions have already been scheduled, including on Fridays and during bank holiday breaks.

Workforce Development

To increase resilience:

- Two additional SHSC clinical staff have completed MARAC training via IDAS

- New representatives are given the opportunity to observe and shadow meetings before joining the rota

- In recognition of increased demand (including MARAC and SARs), the Executive Committee has approved an additional Band 7 post to support the Safeguarding Team (see Section 1.0)

7.2 Multi Agency Tasking and Co-ordination (MATAC)

The Sheffield MATAC (Multi-Agency Tasking and Coordination) is a monthly multi-agency meeting focused on the identification and management of the most harmful serial domestic abuse perpetrators. Established in October 2020 through funding from the Home Office Domestic Abuse Perpetrator Programme Fund, MATAC was integrated into South Yorkshire's existing safeguarding infrastructure by the Police and Crime Commissioner and the four Local Authorities.

The primary aim of MATAC is to:

- Reduce reoffending by serial domestic abuse perpetrators

- Safeguard victims and families

- Deliver a range of interventions including support, prevention, diversion, disruption, and enforcement

Unlike MARAC, which focuses on high-risk victims, MATAC targets high-harm perpetrators, including those who may not pose a high risk to any one individual but cause significant cumulative harm across multiple victims. This approach is designed to prevent escalation and reduce future demand on MARAC.

Currently, only perpetrators identified by the police are referred into MATAC.

SHSC Involvement and Contribution

- MATAC meetings are held monthly in each Local Authority area and are chaired by the police.

- SHSC has maintained 100% attendance at MATAC since March 2022, with representation from a Safeguarding Practitioner.

- The Acting Named Professional for Adult Safeguarding and the Safeguarding Practitioner have developed a clear internal procedure for MATAC, including:

    - Guidance on pre-meeting checks

    - Meeting preparation

    - Post-meeting documentation and SHSC action tracking

This procedure supports continuity and ensures that other safeguarding team members can confidently provide cover when needed.

Training and Awareness

- MATAC is now included in Level 3 Safeguarding Adult Training.

- A bitesize training session was delivered in September to raise staff awareness of MATAC and its purpose.

- This session will be repeated as part of SHSC's ongoing bitesize training programme.

By participating in MATAC, SHSC contributes to a coordinated, multi-agency response to domestic abuse, helping to reduce harm and improve outcomes for victims across Sheffield.

8.0 Multi Agency Audit Group

The purpose of the Multi-Agency Audit Group (MAAG) is to identify what worked well, what could be improved, and what learning can be applied to future practice in supporting adults or children at risk. These audits are conducted in a safe, supportive environment, enabling leaders from across services—including SHSC—to share their experiences openly and constructively.

The audit process focuses on the individual's journey, including the impact on significant others, and the effectiveness of collaborative working between agencies. Each agency involved in the selected case completes an information-gathering form and chronology, followed by a joint discussion to explore:

- The quality of partnership working

- Examples of good practice

- Areas for development and improvement

Criteria for Case Selection

Cases selected for audit typically involve individuals who:

- Are at risk of abuse or neglect

- Offer significant learning opportunities for partner agencies

- Are receiving—or should be receiving—support from multiple services

- Do not meet the threshold for a statutory safeguarding investigation but still present valuable learning

Cases that may meet the criteria for a Safeguarding Adults Review (SAR) should continue to be referred through the standard SAR process.

Objectives and Outcomes

The Multi-Agency Audit Group (MAAG) aims to:

- Highlight strengths and good practice in both single-agency and partnership contexts

- Identify areas for improvement and emerging themes

- Promote a culture of continuous learning and improvement

- Develop and disseminate Learning Briefs through the Sheffield Safeguarding Partnerships (Adults and Children)

- Encourage joint working, including shared information, assessment, understanding, and formulation

The target is to complete three audits per year, including at least one joint audit with the Sheffield Children's Safeguarding Partnership, where possible.

Current Activity and Themes

Two adult cases are currently under audit. Learning Briefs will be produced once findings are finalised. Emerging themes include:

- Self-neglect
- Alcohol misuse
- Information sharing challenges between agencies

At present, SHSC is not involved in any Children's MAAG cases.

9.0 Multi Agency Public Protection Arrangements (MAPPA)

As part of our statutory safeguarding responsibilities, the Trust continues to play a critical role in the Multi-Agency Public Protection Arrangements (MAPPA), which are designed to manage the risks posed by violent and sexual offenders in the community. MAPPA is a nationally mandated framework that facilitates coordinated risk assessment and management through close collaboration between police, probation, prison services, and other key agencies, including mental health services.

Our Forensic Mental Health Service is actively engaged in this process:

- The Service Manager for the Forensic Team represents the Trust at Level 2 MAPPA panels, which convene every four weeks. These panels focus on individuals who present a significant risk and require coordinated multi-agency management. The Service Manager provides expert clinical input and senior professional advice on the mental health needs, risk profiles, and management strategies for individuals under discussion.
- The General Manager attends Level 3 MAPPA panels, which address the most complex and high-risk cases. These meetings represent the highest level of local inter-agency public protection and require strategic oversight and decision-making. The General Manager ensures that mental health considerations are fully integrated into the risk management plans for these individuals.

Through our participation in MAPPA, the Trust contributes to the safeguarding of the public by ensuring that individuals with mental health needs who pose a risk are managed effectively, ethically, and in accordance with best practice. This collaborative approach enhances public protection, supports rehabilitation, and ensures that mental health services are a key partner in community safety.

MAPPA Levels	
Level 1	Ordinary management where risk can be managed by lead agency (police or probation). Low to medium risk of serious harm to others.
Level 2	Active multi agency management requiring regular meetings. High or Very high risk of harm to others.
Level 3	Active enhanced multi agency management, reserved for those deemed to pose the highest risk of causing serious harm or whose management is problematic.

MAPPA Categories	
Category 1	Registered sexual offender
Category 2	An offender convicted under the Criminal Justice Act 2003 who has been either been; sentenced to 12 months or more in custody, sentenced to 12 months or more in custody and is transferred to hospital under section 44/49 of MHA, or detained in hospital under section 37 of MHA
Category 3	A person cautioned or convicted under Criminal Justice Act 2003 for an offence which indicates they are capable of causing serious harm

10.0 Partnerships and External Meetings

The Head of Safeguarding, Named Nurse for Safeguarding Children and Adult Safeguarding Advisor attend a variety of external meetings. (Appendix 1)

We value our work with the Sheffield Adults and Children's Safeguarding Partnerships and these relationships. We continue to attend and participate in partnership groups.

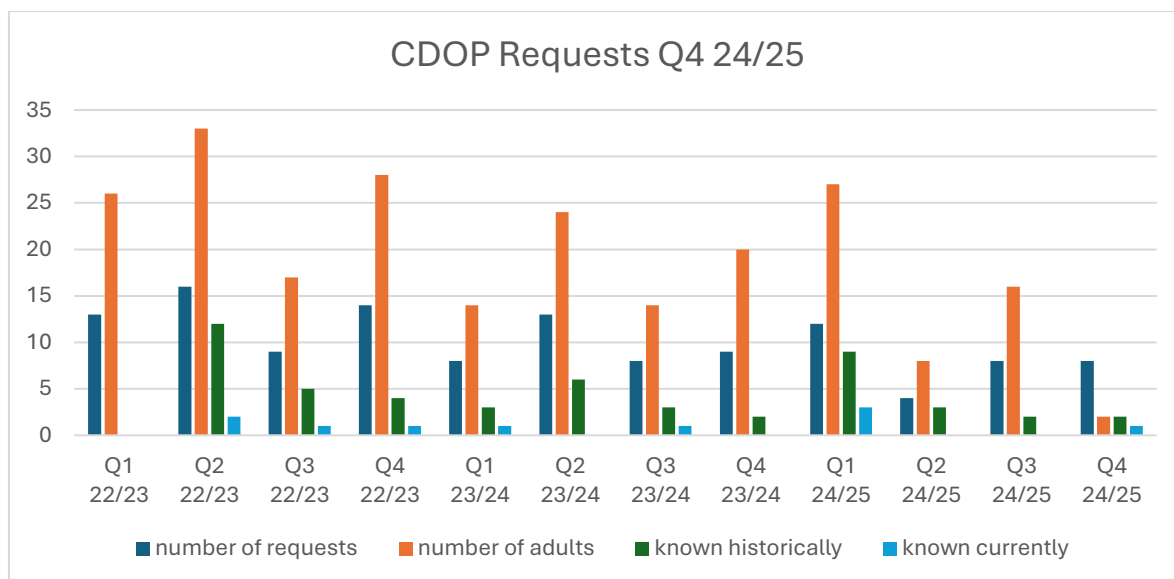## 10.1 Child Death Overview Panel (CDOP)

SHSC is part of the South Yorkshire Child Death Overview Panel.

The CDOP reviews all child deaths that occur within the Sheffield area. The purpose of CDOP is to collect, collate and analyse data from all child deaths to determine any contributory factors and identify any learning that may prevent future child deaths both locally and nationally. It will also highlight any death as a result of abuse and/or neglect. The last report for 2021-2022 can be found here : https://www.safeguardingsheffieldchildren.org/assets/1/sycdop_annual_report_2021-22.pdf

The Safeguarding Team continue to provide information to the Child Death Overview Panel relating to close family members of the deceased child, this is provided by means of a short report. This information is limited to any recent contact. Child death reviews are held for all partners that have had significant contact with the child or family.

The chart below shows numbers of request for information and persons what were known to SHSC.

CDOP Requests Q4 24/25

(Bar chart showing data across quarters Q1 22/23 through Q4 24/25 with four series: number of requests, number of adults, known historically, known currently)

10.2 Multi Agency Pregnancy Liaison Assessment Group (MAPLAG)

The Trust continues to contribute to the Multi-Agency Pregnancy Liaison Assessment Group (MAPLAG), a safeguarding children's forum that focuses on supporting pregnant women and their partners who are experiencing difficulties related to drug and alcohol use. This group brings together professionals from across health, social care, and safeguarding services to share information, assess risk, and coordinate appropriate interventions.

The primary aim of MAPLAG is to ensure that vulnerable women and their unborn babies receive timely and effective support, reducing risk and promoting positive outcomes.

- **SHSC Perinatal Service staff** attend MAPLAG meetings regularly, providing specialist mental health input and contributing to multi-agency risk assessments and care planning.

- Where either parent is actively receiving support from SHSC, the **allocated clinician** is invited to attend and contribute to the discussion.

- The **SHSC Safeguarding Team** also plays a key role by supplying relevant information on engagement, risk factors, and historical involvement with SHSC services, ensuring that all decisions are informed by a comprehensive understanding of the family's mental health context.

This collaborative approach strengthens early intervention and safeguarding efforts, ensuring that mental health services are fully integrated into the wider system of support for families at risk.

MAPLAG Q4 24/25
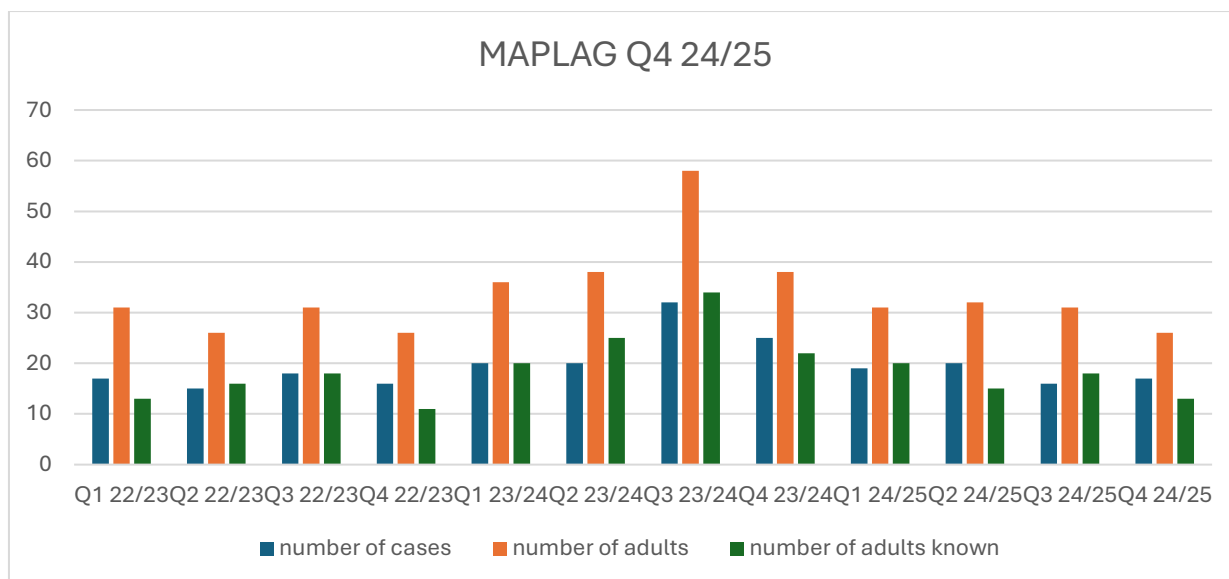
11. Training

One of the core principles underpinning safeguarding practice is that **safeguarding is everyone's responsibility**. At Sheffield Health and Social Care NHS Foundation Trust (SHSC), staff frequently support individuals during their most vulnerable moments. In doing so, they often witness the profound impact of health and social inequalities on the lives of those they care for.

To effectively protect adults, children, and young people from harm—and to promote their wellbeing—all SHSC employees are required to demonstrate the competencies necessary to:

- Recognise signs of abuse, neglect, and maltreatment
- Identify opportunities to support and improve wellbeing.
- Take appropriate and proportionate action in line with their role.

The **Adult and Children's Safeguarding Intercollegiate Documents** provide a nationally recognised framework that outlines the required safeguarding competencies across different staff groups:

- **Levels 1–3** apply to all staff, with increasing depth of knowledge and responsibility.
- **Levels 4 and 5** are tailored to specialist safeguarding roles and senior leadership positions.
- **PREVENT training**, which focuses on safeguarding individuals from the risk of radicalisation, is also required at Levels 1–3.
- For staff working in mental health settings, there is specific Level 3 training to address the unique safeguarding challenges in this area.

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This structured approach ensures that all SHSC staff are equipped with the knowledge, skills, and confidence to contribute to a safe and responsive care environment.

Subject	Level	Frequency	No Requiring	No Achieved	No NOT Achieved	Compliance	Current Compliance against Previous Quarter %
				Figures as of 8/4/2025			
Safeguarding Children	1	3 Years	2661	2456	205	92.3%	1.7%
	2	3 Years	979	909	70	92.6%	1.9%
	3	3 Years	1132	689	443	60.9%	3.1%
Safeguarding Adults	1	3 Years	2661	2391	270	89.9%	0.1%
	2	3 Years	983	912	71	92.8%	2.0%
	3	3 Years	1130	905	225	80.09%	6.4%
Domestic Abuse	2	3 Years	2126	1937	189	91.11%	1.4%
Basic Prevent Awareness (BPA)		3 Years	2109	1931	178	91.6%	0.2%
Preventing Radicalisation WRAP (specifically for Mental Health care staff) Level 3	3	3 Years	1119	1012	107	90.4%	2.9.0%

Figures above were shared with the Safeguarding Assurance Committee in May. Whilst only a small percentage point, we have fallen out of compliance in our L1 Safeguarding Adult training. We remain compliant in our Level 2 Adults and Children training. Our Safeguarding children L3 training remains a concern and have decreased our compliance by 3.1% in the final quarter.

Safeguarding Adults Level 3 Training – Progress and Sustainability Plan

Safeguarding Adults Level 3 training was introduced in April 2022, and since its launch, the Trust has achieved a compliance rate of over 86%. The training is delivered monthly and has received consistently positive feedback for its quality and relevance. It covers all 99 required competencies for registered professionals and includes enhanced content on Domestic Abuse, Coercive Control, Modern Slavery, and more recently, Cuckooing.

Current Compliance Position:

As of the latest review:

- 283 staff are currently expired, with 200 not yet booked onto a session.
- 22 new staff (excluded from current compliance figures) are also not yet booked.
- 279 staff are currently compliant but are due to expire before December 2025.

This brings the total number of staff requiring training or re-training to 584.

Capacity and Forward Planning:

To address this, the Trust has:

- Increased the number of sessions and spaces per session.

- Scheduled a total of 450 training places for the remainder of 2025.

- Planned 8 additional sessions in the first half of 2026, offering capacity for 400 staff.

Sustainability:

Once the Trust reaches 90% compliance, it is estimated that 33 staff per month will need to attend training to maintain this level, factoring in a 14.5% staff turnover and the annual renewal requirement (2-hour sessions).

Compliance is monitored quarterly via the Safeguarding Assurance Committee, ensuring continued oversight and accountability. Encouragingly, compliance for Safeguarding Adults Level 3 has shown month-on-month improvement, reflecting the impact of increased access and targeted promotion.

Safeguarding Children Level 3 Training – Compliance and Recovery Plan

> *"The safeguarding of children, young people and adults who are at risk is a fundamental obligation for everyone who works in the NHS and its partner agencies."*
> *(Safeguarding Children, Young People and Adults at Risk in the NHS – Accountability and Assurance Framework, July 2022)*

Despite ongoing efforts, SHSC's compliance with Level 3 Safeguarding Children training continues to fall below both local and national expectations and does not currently meet the standards outlined in the Intercollegiate Document: Safeguarding Children and Young People – Roles and Competencies for Healthcare Staff.

To address this, a formal recovery plan was developed and is being overseen by a Task & Finish Group, which reconvened in March 2025, with the most recent meeting held on 20 May 2025. The plan has been reviewed and updated in collaboration with the Safeguarding Team, Directorate Leads, and the Executive Lead, with the aim of driving sustained improvement in compliance.

Key Actions Taken:

- **Clarification provided** on which courses count toward Level 3 compliance – this has been successfully communicated.

- **Governance oversight**: General and Service Managers have been asked to review training compliance at team-level governance meetings. For example, Stanage Ward reported high compliance as of April 2025.

- **Awareness campaign**: Planning is underway for a Safeguarding Children/Think Family Awareness Week in collaboration with Sheffield Teaching Hospitals (STH) and Sheffield Children's Hospital (SCH), scheduled for the end of Q2 2025/26.

- **Targeted support**: The Training Department has provided a list of low-compliance areas to enable focused intervention.

- **Internal communications**: Training is being promoted via JARVIS, internal communications, workforce channels, safeguarding supervision, and direct engagement with team managers and staff.

- **Outstanding action**: The review of the JARVIS training page to ensure clarity on eligible courses remains in progress.

Current Compliance Position (as of 08 April 2025):

- Compliance rate: 60.87%

- Staff requiring training to reach 80% compliance by end of Q2: 583 staff (approx. 65 per month)

- Target for 90% compliance by 31 March 2026

Sustainability

Once 90% is achieved, approximately **300 staff per quarter** will need to attend training to maintain compliance, accounting for a **14.5% staff turnover** and the annual nature of the training (2-hour sessions).

The training itself continues to receive excellent feedback and is recognised for its comprehensive coverage of all 99 required competencies. It also includes enhanced content on Domestic Abuse, Coercive Control, Modern Slavery, and Cuckooing.

Prevent Training – Compliance and Reporting

The Trust remains committed to its statutory responsibilities under the Prevent Duty, which forms part of the Government's counter-terrorism strategy and aims to safeguard individuals from the risk of radicalisation.

As of 8 April 2025, SHSC remains compliant with Prevent training requirements:

- Level 3 Preventing Radicalisation e-Learning, specifically tailored for Mental Health care staff, is now available on ESR for all registered professionals.

- Compliance with this training stands at 90.4%.

- Compliance with Basic Prevent Awareness Training is currently at 91.6%.

Prevent training compliance is monitored through quarterly data submissions to NHS England (NHSE) and is also reported internally as part of the Trust's Key Performance Indicators (KPIs).

This training ensures that staff are equipped to identify and respond appropriately to concerns related to radicalisation, in line with national safeguarding priorities.

12 Safeguarding Supervision - Policy, Practice and Progress

SHSC has a standalone Safeguarding Supervision Policy, which was reviewed and formally approved in April 2025. This policy outlines the Trust's commitment to ensuring

that all staff have access to high-quality safeguarding supervision, recognising it as a critical component of safe and reflective practice.

Recording and Monitoring

All forms of safeguarding supervision are now required to be recorded via the Management Self Service Portal on ESR. This enables consistent data capture and supports oversight. Supervision data is monitored quarterly through the Safeguarding Assurance Committee, ensuring visibility and accountability at a strategic level.

Supervision Model

The SHSC model is based on an Action Learning approach, which provides staff with a dedicated, safe space to reflect on safeguarding concerns alongside peers and a trained facilitator. However, the revised policy acknowledges that safeguarding supervision may also occur in other forums, such as:

- Clinical supervision

- Team debriefs

- Informal reflective discussions

Professional intelligence highlighted that these valuable discussions were not always being recorded as safeguarding supervision. The policy now encourages broader recognition of these interactions, reinforcing the principle that safeguarding should be a 'golden thread' running through all aspects of care and reflection—not just formal supervision sessions.

Cascade Model

The policy adopts a cascade model of delivery:

- The Corporate Safeguarding Team provides supervision to eligible clinical managers.

- These managers are then supported to deliver supervision to eligible staff within their teams.

While this model is in place, further work is required to embed it consistently, particularly in ensuring that clinical leaders receive regular, structured safeguarding supervision themselves.

This approach supports a culture of shared responsibility, reflective practice, and continuous learning, all of which are essential to effective safeguarding.

Practitioner Role	Supervisor	Frequency	Safeguarding Supervision Type
Head of Safeguarding, Named Nurse for Children and Adult Safeguarding Advisor	Designated Nurse/Professionals for Safeguarding or Senior Named Nurses who are external to the Trust	Quarterly	1:1
Safeguarding Practitioners	Named Nurse Safeguarding Children or Named Professional Adult Safeguarding	Monthly	1:1
Cases which require Specialist Safeguarding support/ supervision	Head of Safeguarding, Named Nurse Safeguarding Children or Named Professional Adult Safeguarding	As required (would be counted in the annual requirement)	1:1, Action Learning Set or Group Debrief/Reflection
Service Managers, Ward Managers and Matrons	Head of Safeguarding, Named Nurse Safeguarding Children or Named Professional Adult Safeguarding or Resilience Based Clinical Supervision (RBCS) trained staff & compliant with Level 3 Safeguarding Adult/ Children	Quarterly (4 per year)	1:1, Action Learning Set or Group Debrief/reflection (1 session must be 1:1)
All other registered professionals who work directly with adults or children	Service Managers, Ward Managers, Matrons or RBCS trained staff (must ensure they are compliant with Level 3 Safeguarding Adult/ Children)	Quarterly (4 per year)	1:1, Action Learning Set or Group Debrief/reflection (1 session must be 1:1)

Safeguarding Engagement and Support Sessions

In addition to formal training and supervision structures, the Vulnerabilities Manager and Named Nurse for Safeguarding Children have been delivering targeted engagement sessions across a number of SHSC services. These sessions are designed to:
- Provide staff with a safe space to ask questions about safeguarding children.
- Facilitate case discussions and offer professional advice.
- Share updates on ongoing safeguarding cases.

- Encourage reflection on the Think Family approach.
- Support and prompt staff to book onto Level 3 Safeguarding Children training.

The response to these sessions has been consistently positive, with staff valuing the opportunity for open dialogue, practical guidance, and peer learning. These sessions also serve as a valuable mechanism for reinforcing safeguarding principles in day-to-day practice and strengthening the culture of safeguarding across the organisation.

	No of Registered Professionals receiving safeguarding supervision	% No of staff who have attended supervision this quarter
Q1 (2024/25) Info received late – data taken on 31/7/2024	431	45.3% (based on 950 eligible staff)
Q2 (2024/25)	860	87.9% (based on 978 eligible staff)
Q3 (2024/25)	541	57.9% (based on 933 eligible staff)
Q4 (2024/25)	582	58.9% (based on 987 eligible staff)

13.0 Risk Register

The Safeguarding Team have 1 risk on the Corporate Risk register.

A new risk was added to Ulysses following concerns regarding delays in the allocation and completion of Section 42 Enquiries, as required under the Care Act 2014.

Corporate Risk 5429 *Section 42 Enquiries are not currently being allocated and completed within statutory timeframes as stated in the Care Act 2014. SHSC is at risk of further breach of statutory timeframes caused by ongoing delays in allocation and staff capacity to complete in a timely manner. This results in a delay in sharing safeguarding information with Sheffield Adult Social Care and we are not working within the principles of Making Safeguarding Personal*

New Allocation Process

Following engagement with Heads of Nursing and Heads of Service, a revised allocation model has been agreed. The new process mirrors the approach used for complaints and is designed to ensure equitable distribution and sustained staff capability:

- General Managers (GMs) will be allocated enquiries on a rotational basis by the Safeguarding Team.
- GMs will then allocate enquiries within their services to appropriately trained staff.
- This rotational model avoids overburdening specific teams and ensures that all areas maintain investigative skills and confidence.
- GMs are best placed to consider team pressures, existing investigations, and staff capacity when allocating.

To support this:

- A list of trained staff (trained within the last 3 years) has been compiled using data from SASP and SHSC Training Teams.
- Standard Operating Procedures (SOPs) have been developed for both the Safeguarding Team and General Managers.
- A blank Section 42 Enquiry template has been created as a 'crib sheet' to guide staff through the process.

The only outstanding action is the circulation of a joint communication from the Heads of Nursing, Heads of Service, Safeguarding Team, and Deputy Director of Operations to formally launch the new process and reinforce its importance across clinical and operational teams.

Directorate-Level Risk – Safeguarding Children Level 3 Training

In addition to the corporate risk, there is one active risk at Directorate level:
Directorate Risk 5274: Non-Compliance with Safeguarding Children Level 3 Training

This risk reflects the Trust's current non-compliance with national training standards. Actions to address this risk have been detailed in the Training section of this report, including the implementation of a recovery plan, increased training capacity, and targeted engagement with staff.

14. Policies and Standard Operating Procedures

All safeguarding policies remain within review dates (see table below)

The Prevent, Safeguarding Children and Safeguarding Supervision Policies have all been reviewed in Q4 and were approved at Policy Governance Group on 27/4/2025. All policies received positive feedback and only amendments were regarding associated lists of policies and Equality Impact Assessments which have now been updated and improved.

Directorate	Name of Policy	Executive Lead	Author	Version Number	Issue Date	Review Date	Intranet	Website	Connect	EMT Prior to PGG	Notes
N&P	Safeguarding Adults Policy	Director of Nursing	Adult Safeguarding Advisor, Stephanie Barker and Head of Safeguarding Hester Litten	4	June 2023	June 2026	Yes	Yes	Yes		A[pproved June 2023 PGG
N&P	Domestic Abuse	Director of Nursing	Head of Safeguarding Hester Litten	7	October 2024	April 2026	Yes	Yes	Yes		Approved September 2024 PGG
N&P	Visits by Children to inpatient or residential care settings Policy	Director of Nursing	Deputy Head of Nursing Vanessa Garrity, and Angela Whiteley, Safeguarding Children	5	December 2022	November 2025	Yes	Yes	Yes	Yes	Approved November 2022 PGG
N&P	PREVENT Policy	Director of Nursing	Adult Safeguarding Advisor, Stephenie Barker and Head of Safeguarding Hester Litten	3.1	May 2022	April 2028	Yes	Yes	Yes	Yes	Approved April 2025 PGG
N&P	Safeguarding Children Policy	Director of Nursing	Named Nurse Safeguarding Children Angela Whiteley and Head of Safeguarding Hester Litten	6	May 2022	April 2028	Yes	Yes	Yes		Approved April 2025 PGG
N&P	Safeguarding Supervision Policy	Director of Nursing	Head of Safeguarding, Hester Litten	2	May 2022	April 2027	Yes	Yes	Yes		Approved at PGG April 2025
N&P	Managing Allegations Against Staff Policy	Director of Nursing	Head of Safeguarding Hester Litten	3	April 24	May 2026	Yes	Yes	Yes		Approved April 2024 PGG

15. Strategic Priorities and Collaborative Initiatives for 2025/ 2026

In line with our commitment to continuous improvement and partnership working, SHSC has identified several key priorities to strengthen safeguarding practice and promote a culture of safety, inclusion, and trauma-informed care across the organisation:

1. **Support for Staff Experiencing Domestic Abuse**
   In collaboration with Sheffield Teaching Hospitals (STH), IDAS (Independent Domestic Abuse Services), and the Sheffield Hospitals Charity, we are progressing a joint project aimed at improving the support available to staff who are survivors of domestic abuse. This initiative will focus on awareness, access to support, and creating a safe and responsive workplace culture.

2. **Training on Working with Perpetrators of Domestic Abuse**
   In partnership with Cranstoun, we have developed and are now delivering specialist training to increase staff confidence and competence in working with individuals who perpetrate domestic abuse. This training is designed to support safe, informed, and effective engagement, particularly in mental health and substance use settings.

3. **Policy Development: Did Not Attend (DNA) and Was Not Brought (WNB)**
   Building on initial scoping work, we are developing a Trust-wide policy to address Did Not Attend (DNA) and Was Not Brought (WNB) scenarios. This policy will embed the principles of engagement and safeguarding, ensuring that non-attendance is recognised as a potential indicator of risk, particularly for children and vulnerable adults.

4. **Sexual Safety Conference**
   In collaboration with the People Directorate, we are planning and delivering a conference on Sexual Safety. This event will provide a platform for learning, reflection, and shared commitment to creating safe environments for service users and staff. It will also support the implementation of national guidance and reinforce SHSC's values around dignity, respect, and trauma-informed care.

Appendix 1

Strategic and Partnership Safeguarding Meetings – May 2025

Meeting	Attendee	Time (incl prep & attendance)	Frequency	Action and Feedback Required	Notes
MARAC	Named Professional Adult Safeguarding (B7) Deputy trained reps across SHSC	7.5hrs Meeting is all day 9-5. Approx 2 full working day to complete research before the meeting and complete actions after the meeting.	MARAC is set for every week (Tuesday) but average 3 per month.	New MARAC markers added by administrator. If the victim or perp is known to SHSC and there is a specific action, clear action sent in bullet points should be emailed to the named worker and service manager by the MARAC rep. Completion of action should be noted on the research log.	Good learning and networking opportunity Rotate between B6/7 (Member of team to review markers and admin to remove old markers monthly). **Virtual MARAC** Consider seeking partnership agreement to continue to meet virtually however make this 30/45 mins 3 or 4 times per week utilising protected website. This would improve speed of response and potentially quality for those patients at the end of the MARAC day mtg list.
Super/Extraordinary MARAC	Named Professional Adult Safeguarding Deputy – SG Practitioners	4.0hrs	6 monthly	Feedback to Head of Safeguarding and rest of team as appropriate. Head of Safeguarding to share with Corp Safeguarding Lead as necessary. Action PRN and record	Key Learning to be disseminated.
Channel Panel	Named Professional Adult Safeguarding (Deputy –	5.0hrs on average		Headlines to Head of Safeguarding and Dept Director of Nursing as necessary. Action PRN and record	Information is confidential. Any actions will be shared PRN and recorded appropriately

	Head of Safeguarding)				
Prevent Silver	Head of Safeguarding or Dept B7	1.5hrs	PRN	Headlines disseminated at Team meeting Actions PRN and record	
Parental Mental Health Conference	Named Nurse Safeguarding Children	0.5 day	Quarterly	Joint Case Reviews	Led by Chris Wood and Mandy Craig. Can be 100+ attendees – good networking/learning opportunity
LPIG Learning & Practice Improvement Group (Children and Adults)	Named Nurse Safeguarding Children or Named Professional Adult Safeguarding on rotation	3.5	Quarterly	Feedback at Team Meetings team Headlines to Dept Director of Nursing as required.	
Safeguarding Adult Health Reference Group	Head of Safeguarding or Named Professional Adult Safeguarding	4.0hrs	Quarterly	Feedback at Team Meetings	
Safeguarding Children Health Ref Group	Named Nurse Safeguarding Children	1 day (1/2 day mtg and ½ day for research)	Quarterly	Feedback at Team Meetings	
Domestic & Sexual Abuse Provider Consultation group	Head of Safeguarding or Named Professional Adult Safeguarding	1.5hrs	monthly		

City Wide Best Practice Group	Head of Safeguarding, Named Nurse Safeguarding Children or Named Professional Adult Safeguarding on rotation	2.0hrs	Quarterly	Feedback at Team Meetings. Headlines to Dept Director of Nursing as required	
Safeguarding Assurance Committee	Whole Team	2.0hrs	Quarterly from Apr	Minutes ICB Designated Nurse & Designated Professional sits on this group to provide advice/gain assurance/give advice and feedback updates from NHSE and changes in legislation/new legislation. Includes Directorate Leads	
Safeguarding Adult Review (SAR) Subgroup	Head of Safeguarding	3.5hrs	2monthly	Feedback at Team Meetings. Headlines to Dept Director of Nursing as required Headlines to Exec as required	
Operation Fortify Silver group	Head of Safeguarding	2.0hrs	monthly	Feedback at Team Meetings. Headlines to Dept Director of Nursing as required Headlines to Exec as required	Serious organised crime.

Operation Fortify Bronze Group	Named Nurse Safeguarding Children	2.0hrs	2 weekly (weekly if needed)	Feedback at Team Meetings. Headlines to Dept Director as required	County Lines, OCG's, etc. Disruption. Research required. Can be intensive.
Children and YP as Victims of Domestic Abuse	Named Nurse Safeguarding Children	2.0hrs		Feedback at Team Meetings. Headlines to Dept Director as required	
Hidden Harm	Named Nurse Safeguarding Children	2.0hrs	Quarterly	Feedback at Team Meetings. Headlines to Dept Director as required	
MAPLAG	Named Nurse Safeguarding Children		2 weekly	Feedback at Team Meetings. Headlines to Dept Director as required	Provides information but attendance not required unless significant contact with the adult.
DHR and Serious Incident Review Sub-Group	Head of Safeguarding			Feedback at Team Meetings. Headlines to Dept Director as required	
SASP Performance and Quality Group	Head of Safeguarding			Feedback at Team Meetings. Headlines to Dept Director as required	
Domestic & Sexual Abuse Strategic & Local Partnership Board	Head of Safeguarding			Feedback at Team Meetings. Headlines to Dept Director as required	
SCSP/SASP Joint Executive Group	Exec Director of Nursing, Professions and Quality or Dept. Director of Nursing			Exec or Dept to feedback at Team Meetings.	
Multi-Agency Audit Group (MAAG) Children and Adults	Named Nurse Safeguarding Children or			Feedback at Team Meetings. Headlines to Dept Director as required	

	Named Professional Adult Safeguarding as required				
Right Care Right Person (RCRP) Tactical Group	Head of Safeguarding	1 hr	Monthly	Feedback at Team Meetings. Headlines to Dept Director as required	
MASH Leadership Group	Head of Safeguarding	2hrs	Quarterly	Feedback at Team Meetings. Headlines to Dept Director as required	