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Executive Summary

This report provides the Board with assurance on the effectiveness, oversight and continued development of safeguarding arrangements across DBTH during 2025–2026. It summarises safeguarding activity, governance, risk, workforce capability and partnership working, and sets out the Trust’s position against key safeguarding priorities and assurance requirements.

Taken together, the evidence presented provides an overall position of **reasonable to strong assurance** that safeguarding arrangements at DBTH are effective and continuing to strengthen. This judgement is supported by stable governance, increased safeguarding activity, improved access to specialist support, strengthening workforce capability, positive progress against national assurance frameworks and a clear programme of work to address the remaining areas requiring further embedding.

Key areas of progress during the year include strengthened governance through the Strategic Safeguarding Group; increased safeguarding referrals indicating improved recognition and escalation of concerns; expansion of the Domestic Abuse Liaison Service; continued development of MCA/DoLS arrangements; implementation of the PiPoT framework; revised policy and procedural controls; and continued delivery of safeguarding, MCA and sexual safety training. Benchmarking and external assurance activity also indicate a stronger safeguarding position than in previous years.

Notwithstanding this progress, residual risk remains in relation to safeguarding supervision, MCA/DoLS compliance and CP-IS. These risks are recognised on the Trust risk register, are subject to formal oversight through the Strategic Safeguarding Group and are supported by defined mitigation plans and improvement actions. Assurance in these areas is therefore reasonable rather than full, pending further embedding and sustained compliance.

The 2026–2027 priorities appropriately focus on reducing residual risk, strengthening assurance and embedding consistent practice across the organisation. These include improving safeguarding supervision compliance, progressing MCA/DoLS quality improvements, strengthening CP-IS implementation, maintaining training performance and continuing to develop partnership and thematic learning arrangements. Overall, the report provides the Board with a clear line of sight on current safeguarding performance, the principal risks requiring continued oversight, and the actions in place to support further improvement.

1. Foreword:

This report provides the Board with assurance on the effectiveness, maturity and continued development of safeguarding arrangements across the Trust during 2025–2026.

The report evidences a year of stable progress, with safeguarding remaining embedded within safe, high-quality care. Increased activity, alongside improved training, accessible specialist advice and greater team visibility, provides assurance of a more confident workforce that is identifying and escalating concerns more consistently.

Prior investment in safeguarding resource has strengthened organisational capacity, improved responsiveness and increased support to frontline teams. This is reinforced by robust governance through the Strategic Safeguarding Group, which provides formal oversight of performance, risk, delivery and partnership priorities.

Overall, the evidence in this report provides reasonable to strong assurance that safeguarding arrangements at DBTH continue to strengthen, with clear priorities in place for the remaining areas requiring further embedding during 2026–2027.



Karen Jessop
Chief Nurse



Simon Brown
Deputy Chief Nurse

2. Introduction

Doncaster and Bassetlaw NHS Teaching Hospitals (DBTH) provides acute services for approximately 420,000 people across South Yorkshire, North Nottinghamshire, and the surrounding areas. As a Trust we employ over 7000 colleagues.

This Annual Report summarises safeguarding activity, performance and development during 2025–2026 and provides assurance on the Trust's arrangements to safeguard unborn babies, children, young people and adults at risk.

Safeguarding within DBTH is underpinned by a clear organisational commitment that recognises safeguarding as everyone's responsibility. Throughout this year, the Trust has continued to build on established foundations, demonstrating progress through increased safeguarding activity, strengthened governance, stable workforce capability and enhanced multi-agency collaboration. Collectively, these elements provide assurance that safeguarding is being managed through an increasingly robust and visible organisational framework.

This report highlights key areas of activity, including referrals to social care, Mental Capacity Act and Deprivation of Liberty Safeguards (MCA/DoLS), domestic abuse, and partnership working. It also sets out areas of good practice, learning from audits and reviews, and the proactive steps taken to address identified risks and emerging themes.

The report reflects a year of increasing demand and in the context of continued complexity in safeguarding practice. In response, there has been a continued focus on strengthening workforce knowledge and confidence through training, supervision, and direct support from the safeguarding team. This has contributed to improved recognition and escalation of safeguarding concerns, ultimately supporting safer outcomes for patients.

Alongside operational activity, the report demonstrates the Trust's robust governance arrangements, including oversight provided by the Strategic Safeguarding Group.

Overall, the report provides reasonable assurance that safeguarding arrangements are effective and continuing to strengthen, while recognising that further work is required in relation to supervision, MCA/DoLS compliance and CP-IS before full assurance can be demonstrated in all areas.

3. Safeguarding Governance

Figure 1: Safeguarding lines of Accountability at DBTH (March 2026 position)

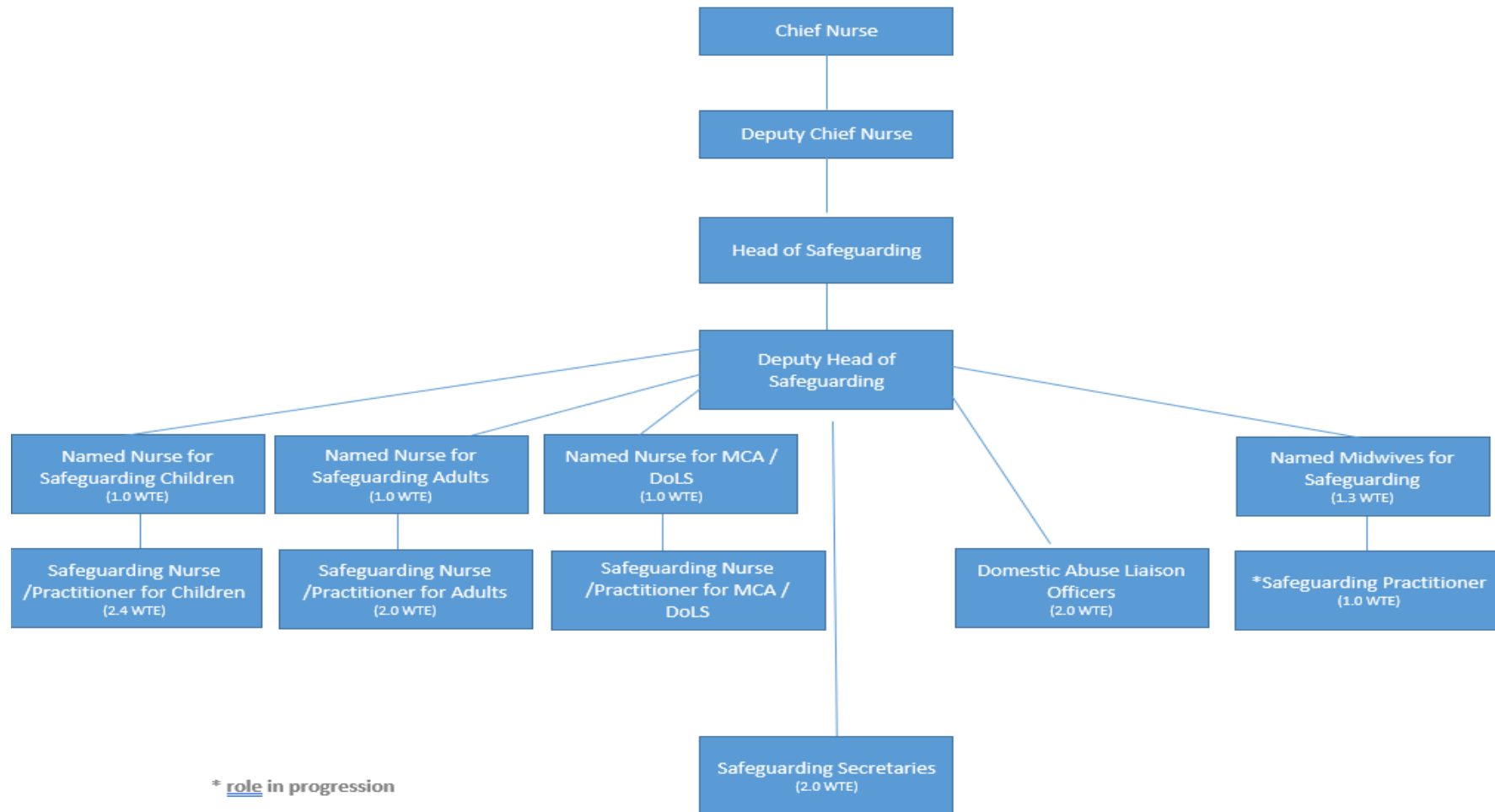


Figure 1.1: Evidences the governance flow and oversight at year end.

Governance Structure:

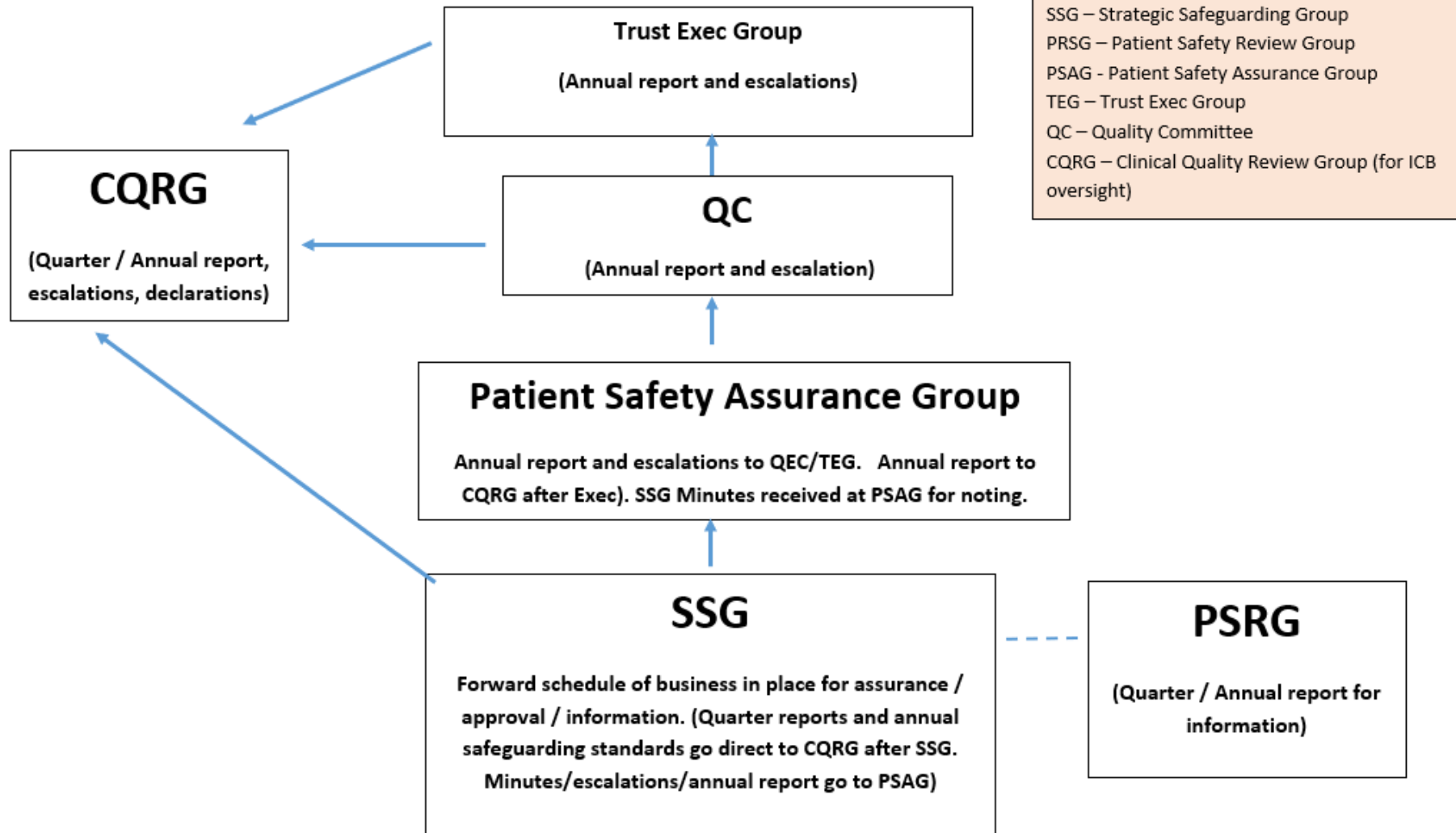


Figure 1 and 1.1 illustrate clear lines of accountability for safeguarding governance within DBTH. During this year the team structure and Strategic Safeguarding Group (SSG) membership have remained stable, supporting continuity of oversight and accountability. The SSG remains the Trust's principal forum for the scrutiny and coordination of safeguarding information, with divisional and ICB representation supporting

triangulation of performance, risk, audit, training and workplan delivery. [Appendix 1](#) provides an overview of scheduled business discussed throughout the reporting year, [Appendix 2](#) provides a year-end summary of the safeguarding work plan, and [Appendix 3](#) provides details of the current safeguarding team members. Taken together, this governance framework provides strong assurance that safeguarding responsibilities are clearly allocated, subject to routine scrutiny and supported by defined mechanisms for escalation and oversight.

4. Overview of Safeguarding Activity:

A key indicator of safeguarding activity is the number of referrals made by Trust colleagues to social care in relation to unborn babies, children and adults.

5. Safeguarding Referrals:

Figure 2: highlights the number of referrals made to social care, where abuse or harm was identified relating to patients accessing DBTH services:

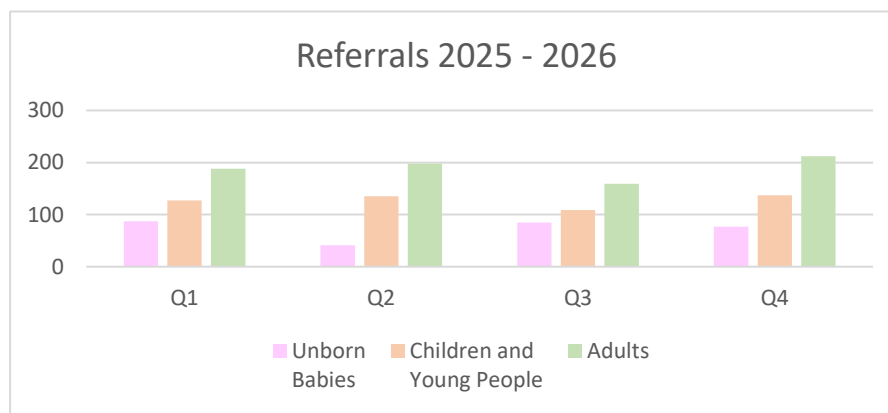


Figure 3: Highlighted comparison referral figures from the previous reporting year.

	Unborn Babies	Children and Young People	Adults
Q1	87	127	188
Q2	41	135	198
Q3	85	109	159
Q4	77	137	212
Total 2025 - 2026	290	508	757
Comparison to 2024 - 2025	191	452	504

The data in **Figure 2 and 3** demonstrate a significant increase in safeguarding referral activity across all areas during this reporting year. Compared with the previous year, unborn referrals increased by 51.8% (from 191 to 290), children and young people referrals increased by

12.4% (from 452 to 508), and adult referrals increased by 50.2% (from 504 to 757). In total, safeguarding referral activity across the Trust increased by 35.6% (from 1,147 to 1,555 referrals). When viewed alongside continued safeguarding liaison meetings, divisional engagement and improved training compliance, this increase provides assurance of improved recognition, professional curiosity and escalation of safeguarding concerns across the workforce, rather than a passive increase in activity alone.

6. Deprivation of Liberty Safeguards (DOLS):

Figure 4: Deprivation of Liberty Safeguard (DOLS) Applications submitted

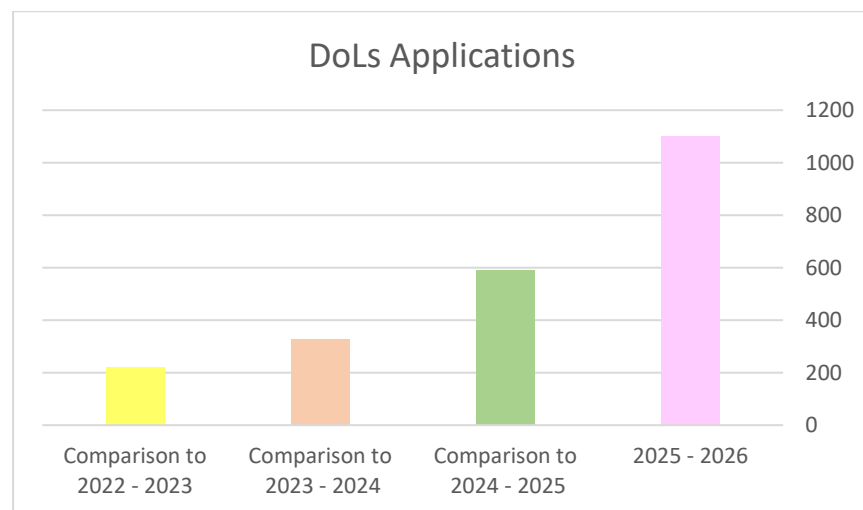


Figure 5: DOLS breakdown by reporting Quarter 2025 - 2026

2025 - 2026	DoLS applications
Q1	270
Q2	261
Q3	272
Q4	299
2025 - 2026	1102
Comparison to 2024 - 2025	589
Comparison to 2023 - 2024	326
Comparison to 2022 - 2023	222

The data in **Figures 4 and 5** enable comparison of DoLS activity across recent reporting years (2022–2025) and demonstrate a continued upward trajectory, with applications increasing from 222 in 2022–2023, to 326 in 2023–2024, 589 in 2024–2025 and 1,102 during this reporting period. This represents an 87% increase compared with 2024–2025 and provides assurance that awareness of deprivation of liberty and the need for legal safeguards is becoming more consistently recognised across clinical areas.

The established MCA/DoLS specialist resource has continued to support colleagues through guidance, resources, training and bespoke support. This strengthening of internal expertise provides reasonable assurance that the Trust is improving its ability to identify, evidence and progress DoLS applications appropriately. However, as reflected elsewhere in the report and on the Trust risk register, full assurance remains dependent on further embedding of MCA/DoLS practice and consistent compliance across all services.

Figure 6: Number of DoLS standard applications authorised by the Local Authority 2025 - 2026

2025 - 2026	DoLS Standard applications authorised by local Authority
Q1	1
Q2	4
Q3	1
Q4	1
Total	7

The above data in **Figure 6** evidences the number of DoLS standard applications that were authorised by the relevant Local Authorities in this reporting year. An established working relationship and escalation process has been formed with our Local Authorities to ensure our patients who are significantly restricted of their liberties or are objecting to their hospital stay have urgent oversight of the Local Authority and are consulted about the need for a priority assessment by a Best Interest Assessor and Section 12 Doctor. There has been a 40% increase in the number of authorised standard applications in this reporting year, but the numbers remain low, with the increase from 5 in 2024-2025 to 7 in this reporting year. There is national recognition that local authority authorisations remain low.

7. Mental Capacity Act (2005): Embedding the framework:

During 2025–2026, the Trust continued to strengthen its approach to the Mental Capacity Act and Deprivation of Liberty Safeguards through governance, workforce development, quality assurance and specialist support. This work provides assurance of improving organisational capability and a stronger focus on legal compliance and patient-centred decision-making.

Here is a summary of key activity and workstreams:

- Trust Safeguarding resources have been strengthened to support an increased focus on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), enabling colleagues across the Trust to meet their responsibilities and legal duties.
- The team's DoLS data collection matrix has been redesigned to enhance monitoring of applications received and to identify trends in requests for further information, documentation or clarification from ward areas. This is in addition to the ongoing collection of patient demographics, ward area, date of receipt, date forwarded to the relevant local authority, extension activity and CQC notification. The matrix also allows the Trust Safeguarding team to highlight actions required by themselves.
- Work has continued to raise the profile of the MCA-related tools and information available within NerveCentre to support ward teams in identifying when MCA processes may be required. These include the DoLS flag, uploading of relevant documentation (Mental Capacity Assessment and DoLS forms), and the safeguarding narrative box, which enables relevant information to be recorded to support patient care and allows colleagues to identify MCA specialist involvement at a glance.
- The Daily Mental Capacity Assessment within NerveCentre has been updated to strengthen the quality of narrative recording. The assessment has also been adapted to support consideration and assessment for DoLS, following feedback and requests from ward colleagues.
- The MCA Trust Forum has now become embedded within Trust governance arrangements. The inaugural forum commenced in June 2024 and is now an established bi-monthly forum for Trust colleagues. It provides a platform for sharing national and local MCA developments, alongside updates on Trust workstreams. The forum also provides an opportunity for the Safeguarding team to hear concerns, ideas and operational feedback from colleagues responsible for implementing MCA, helping to ensure workstreams remain meaningful, achievable and responsive to service need. Good practice and shared learning are promoted through regular guest speakers. Divisions also present highlight reports outlining local achievements and progress in embedding MCA within their areas. Key themes and updates from the forum are escalated to the Strategic Safeguarding Group through an overarching highlight report.
- Safeguarding HIVE resources continue to be reviewed and restructured to improve accessibility for Trust colleagues. This has enhanced access to relevant forms, policies, 7-minute briefings and other key resources that support understanding and practice. Contact details for the Trust Safeguarding team have also been clearly signposted to support timely access to advice and guidance.
- Strong collaborative working has continued across key roles within DBTH. The Named Nurse and Nurse Specialist for MCA/DoLS have worked alongside other safeguarding leads, including the Named Professional for Safety in Caring, Learning Disability Nurse Specialists, Transfer of Care, the Drug and Alcohol Team, Mental Health Teams and divisional colleagues. This collaborative approach has supported delivery of bespoke training, assistance with assessments and practical support to colleagues caring for patients, helping to ensure the Mental Capacity Act is appropriately applied and evidenced within Trust processes.
- Regular attendance at complex case meetings has continued, providing specialist MCA support for patients within Care of the Elderly services who present with complex needs and high levels of vulnerability.
- Ongoing support has been provided in relation to best interest processes and best interest meetings across the Trust.

- The Named Nurse has achieved the Best Interest Assessor qualification, strengthening the Trust's internal expertise and helping to ensure local arrangements remain current, legally robust and informed by current case law and national guidance.
- A quality improvement project is ongoing within the Emergency Department to support the embedding of MCA from the earliest stage of the patient journey. Consideration of mental capacity is now incorporated within the triage assessment process.
- A screening question around 'concerns regarding capacity' has been included in the ED triage assessment.
- A revised audit tool has been introduced to review both the incidence and quality of MCA and DoLS documentation. This tool has been used as part of the quarterly audit programme for 2025 – 2026 to strengthen assurance and identify themes for further improvement.
- Training continues to be supported through e-Learning for Healthcare (eLfH) modules, in line with national guidance. In addition, bespoke training is widely utilised across the Trust to support area-specific learning and strengthen understanding of how MCA should be applied within particular clinical settings and fields of practice.
- MCA proformas are now available within NerveCentre, following direct requests from frontline staff to improve accessibility and support timely completion of MCA documentation.
- MCA-specific questions continue to feature within the weekly Tendable ward-based audits. These include prompts relating to the five principles of the Mental Capacity Act and the actions colleagues should take when a patient's capacity is in doubt.
- MCA-focused questions have also been incorporated into the Trust's Care Accreditation process, further strengthening organisational assurance and promoting consistent application of MCA principles across clinical areas.
- A year-long Trust Quality Priority focusing on MCA practice was established for 2025 – 2026, complementing existing safeguarding workstreams. This priority has contributed to reducing the Trust's significant risk score relating to MCA practice from 15 to 12.
- The MCA lead has contributed to Trust-wide learning and governance through attendance at Grand Round, including a joint session with the Trust Solicitor to clarify thresholds for involving legal services. Attendance at divisional governance meetings has also supported the sharing of good practice and learning across the organisation.
- A Trust Lead physician and ED physician have been appointed to support with the endorsement MCA projects and workstreams.
- A patient and family information leaflet has been developed to enhance the quality and consistency of information provided when a patient is subject to a DoLS authorisation. The leaflet is intended to promote transparency regarding identified restrictions and deprivation, while also facilitating open discussions between patients, families, carers and Trust colleagues.

8. Allegations against the Trust:

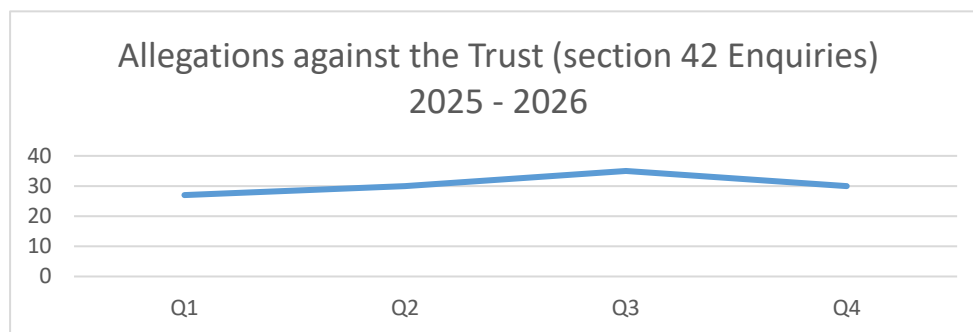
Allegations against the Trust are received centrally via the safeguarding team and recorded on DATIX. Concerns are investigated where appropriate or directed to the relevant division for response, with completed outcomes returned to the Local Authority, including any actions taken and learning identified.

Responses are returned to the Local Authority on completion with a clear outline of what actions have been taken by the Trust. Where allegations are substantiated, this may also include sharing any learning identified and how this will be embedded as part of the process.

During this reporting period, focused work has been undertaken to strengthen and embed the process for managing allegations (see [Appendix 4](#)). This has included incorporating allegations management into level 3 safeguarding training, providing ad hoc support to colleagues completing responses, and embedding an internal escalation pathway with monthly divisional reporting for oversight of open cases, including those carried over from previous quarters. These arrangements provide assurance that allegations are subject to clearer oversight, improved timeliness and more consistent escalation where responses are delayed, outstanding or require further action to secure learning and resolution.

The number of allegations, along with the top three recurring themes, continue to be reported within the Trust Safeguarding Quarterly Report (see [Appendix 5](#)).

Figure 7: provides details of allegations against the Trust that have been received for 2025 - 2026



	2025 - 2026	2024 - 2025
Q1	27	33
Q2	30	31
Q3	35	30
Q4	30	35
Total	122	129

Positively the above data in [Figure 7](#) indicates a 5% decrease in the number of allegations against the Trust that were received in this reporting year.

During this reporting year, the predominant themes have remained consistent, with concerns most frequently relating to discharge processes, neglect, and medication management.

Significant work has been undertaken in collaboration with the DBTH Discharge Team to support improvements in discharge practices across the Trust. This programme of work has now been completed, and the discharge checklist has been successfully implemented within Nerve Centre and is now live for colleagues to use.

It is anticipated that these enhancements will contribute to a reduction in concerns relating to discharge. More importantly, they strengthen the control environment around discharge practice and provide reasonable assurance that the Trust is responding to recurrent themes through targeted system improvement, with the intention of improving patient safety, experience and overall quality of care.

9. Domestic Abuse:

During this reporting year, the Domestic Abuse Liaison Service expanded to provide a mirrored service at Bassetlaw Hospital. This increased the number of people supported to 576, of whom 37 were repeat attendances by survivors who felt sufficiently safe and supported to disclose further abuse to DBTH colleagues. Of the 539 new disclosures, 109 resulted in referral to a Multi-Agency Risk Assessment Conference (MARAC) because the level of risk was assessed as high. The remaining disclosures were signposted or referred to relevant community services, including domestic abuse services, adult and children's social care, mental health services, fire services and substance use services. Collectively, this provides assurance that the Trust is strengthening its capacity to identify, respond to and appropriately escalate domestic abuse disclosures across its sites.

The Domestic Abuse Liaison Officers have retained 399 trained champions across the Trust. This network strengthens workforce capability by improving confidence in recognising abuse, asking sensitive questions and escalating concerns appropriately, supported by regular update briefings and expert input.

In addition to supporting disclosures, the Domestic Abuse Liaison Officers have led a number of initiatives to strengthen the Trust response and improve staff and patient safety.

- **Out of hours DA grab packs:** by working collaboratively with the Expert by Experience Survivor Liaison service, a new resource for out of hour DA attendances/disclosures has been launched in the DRI emergency department. The packs contain support for the member of staff (pathways, flowcharts, processes) and for the victim/survivor (leaflets, helplines, signposting).



- **Personalised Safety Plan:** A Manager's Tool – Knowing that statistically domestic abuse affects 1 in 4 women and 1 in 6 men during their lifetime, we recognise this means a significant proportion of our DBTH workforce may be impacted personally. To help keep our colleagues safe, we've introduced a Personalised Safety Plan. We recognise that risks linked to domestic abuse can extend into the workplace, and this tool is designed to address those risks. It provides tailored safety interventions so staff can continue working in a safe and supportive environment. Each plan is customised to the individual's circumstances, focusing on the specific risk factors they face.
- **Public protection alerts:** Through MARAC, we receive intelligence from the police regarding risks not only to the victim/survivor, but also to the wider public. This includes concerns such as assaults on emergency workers and the carrying of weapons. In response, we have developed alerts that are applied to electronic patient records to inform colleagues of potential risks. To avoid judgmental language, the alert is worded neutrally and simply states: "Do not see this person alone."
- **16 days of activism:** Social media campaign with the 2025 theme of tech facilitated abuse, below is an infographic view of some of the briefing shared out in the Trust during this time:

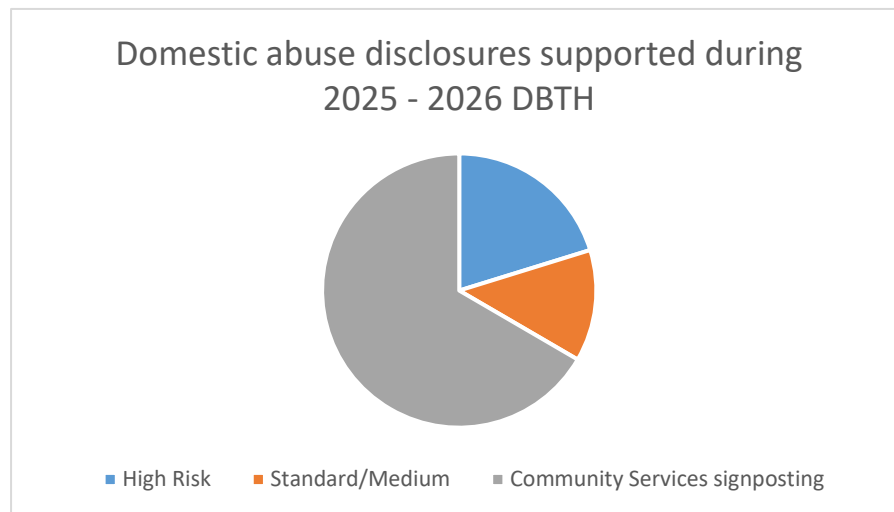


Looking forward to the future the DA officers have set their sights on common themes highlighted in the Violence Against Women and Girls (VAWG) strategy and DHR/DARDR recommendations. These include:

- Promoting the DA Commissioner's Victims in their own Right report and government recommendations, for comprehensive, specialist training for all frontline professionals who work with babies, children and young people, the team are planning to expand domestic abuse training across maternity and children's services.
- In its annual report, the Domestic Homicide Project has recorded an increase of 85 deaths from the previous year, of which most are suspected suicides following domestic abuse. Frontline agencies must do more to recognise the signs of domestic abuse, especially when combined with mental health crises. With key learnings from DHRS, we are planning to embed learning and to work in collaboration with our mental health service providers.

- Domestic Homicide Reviews (DHRs) have highlighted significant, recurring themes regarding the intersection of substance misuse and domestic abuse. Key learning focuses on the need for trauma-informed care, enhanced professional curiosity, and integrated support services. Our intention is to embed the learnings.
- To strengthen oversight and patient safety, we are developing a reporting process to identify any out-of-hours attendances by known high-risk victims/survivors across DBTH sites. This will enable review and audit of those attendances, ensuring safe practice, appropriate support and safeguarding responses are consistently offered.
- Taken together, the work outlined above provides reasonable assurance that the Trust has significantly strengthened its domestic abuse response, while recognising that further embedding is required in relation to out-of-hours assurance and continued thematic learning.

Figure 8: indicates the number of people supported by DBTHs Domestic Abuse (DA) liaison officers (539 in total during 2025-2026)

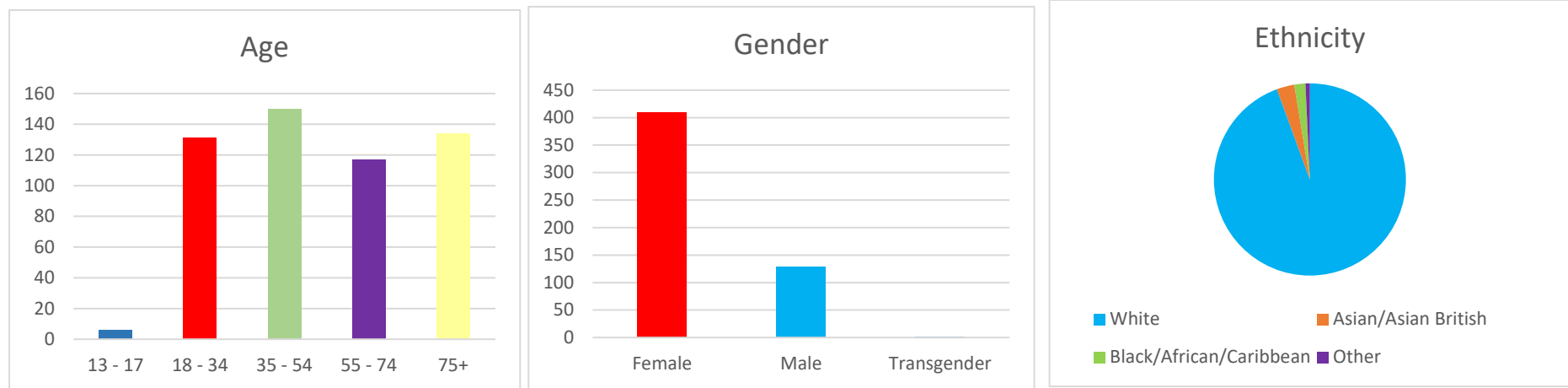


All crimes that are disclosed by patients are reported to the police, in total we made 131 referrals.



The above data in **Figure 8** shows an 85.9% increase in comparison to the number of referrals received in 2024 – 2025 (290). Work is progressing in the year ahead to ensure any out of hour's disclosures are captured more robustly and patients are consistently supported to disclose their experiences.

Figure 9: The below charts break the data down in terms of Age, Gender and Ethnicity.



The above data in **Figure 9** indicates a change in categories of highest prevalence. In this reporting year the highest age bracket was 35-54 years, however in 2024 – 2025 the highest age bracket for disclosures at DBTH was the 18 - 34 years bracket. In comparison to National data female disclosures still remain significantly higher than males. However it is positive to note an increase in male disclosures in this reporting year (going from 57 in 2024 – 2025 to 129 in 2025 – 2026, a 126% increase).

10. **Safeguarding Policy updates:** During the year, key safeguarding policies were reviewed or implemented to strengthen the Trust control framework.

- FII Policy (new policy)
- Sexual Safety Policy (updated)
- Domestic Abuse Policy (updated)
- Chaperone Policy (updated)

In addition, the safeguarding team developed a number of Standard Operating Procedures to support consistent operational practice. All SOPs are approved through the Strategic Safeguarding Group.

- **Nerve Centre checks for 16-17 year olds:** this outlines daily safeguarding checks to adult wards where 16/17 year olds may be placed

- **Children and Unborn referrals to Children's Social Care:** this outlines the process of referrals to Social care
- **SERAC:** (Slavery Exploitation Risk Assessment Conference) – this outlines the process of contribution to Notts SERAC meetings
- **Realtime Surveillance:** this outlines the process of contribution to information requests for deaths related to suicide, drugs or alcohol
- **MARAC Research Alerts:** this outlines the process of contribution to the MARAC process
- **Adult Referrals:** this outlines the process of referrals to Social care
- **Pregnancy Liaison Meetings:** this outlines the process of referrals to the Pregnancy Liaison Meeting
- **MAPPA:** this outlines the process for patients at our Trust that are managed by multi-agency public protection arrangements
- **Allegations against the Trust:** this outlines how we respond to concerns raised by the Local Authority
- **Known Child Exploitation Alerts:** this outlines how alerts are applied to clinical records to share known risk notification on exploitation
- **High Intensity User Group:** this outlines how the Safeguarding team contributes and supports the Trust HIUG.
- **Interim Care Order:** this outlines Trust roles in supporting the Local Authority when they are seeking a legal order following birth
- **Processing a Domestic Abuse Datix:** this outline the Trust process of progressing a DA referral via Datix
- **Hospital Acquired Pressure Ulcer:** this outlines the safeguarding responsibility for sharing relevant HAPU information with the local authority in line with National guidance.

11. Safeguarding Audit activity:

Safeguarding questions continued to feature within weekly divisional Tenable audits. In addition, a number of focused safeguarding audits were completed during the year to test compliance, identify themes and inform targeted improvement work.

- **MCA documentation:** (quarterly audit) to review the incidence and quality of documentation relating to MCA processes: results show marked improvements in both the frequency and incidence of evidence. Results show further work is needed to evidence consistent and robust compliance, plans for improvement are outlined in the 2026 - 2027 Safeguarding work plan.
- **DoLS returns:** Audit to review common themes and reasons for DoLS being returned to ward areas for further action, and to review time scales between deprivations being identified and DoLS document being forwarded to local authority. Results showed support is needed for ward areas in submitting forms in Word format, along with key ward areas where further learning is needed around DoLS completion. This work is outlined in the 2026-27 work plan.
- **Domestic Abuse – out of hours:** Following the reaudit, there is evidence of improvement in the management of out-of-hours domestic abuse disclosures. Patients are more consistently provided with appropriate resources, and referrals are being completed with greater robustness to inform the DASH risk assessments. Ongoing work will continue in collaboration with the Emergency Department colleagues and Domestic Abuse Liaison Officers to further embed and sustain these improvements.
- **FGM Audit:** This audit was presented at SSG in September 2025 and indicated that safeguarding processes for FGM in maternity services were being followed consistently.

- **Under 18 Stabbing and Sharp injury:** This focused on ED attendances for patients under 18 years who have had an injury method recorded as sharp injury. The outcome of the quarterly audits indicated that children and young people were safeguarded, learning in relation to record keeping and curiosity when supporting 16/17 year olds that may present in adult workstreams.
- **Mechanism of Injury documentation in emergency departments:** This audit was undertaken following a local safeguarding practice review which highlighted the importance of clear documentation of the mechanism of injury in Emergency departments, the outcome indicated 80% of cases audited has this clearly on discharge summaries, the remainder had clear mechanism of injury in the child's clinical record.

In addition to Trust audits the team continue to contribute to Multi-agency audits:

- **Multi-agency audit Domestic Abuse (Children)**

12. Promotion of the H.O.P.E Boxes:

DBTH Charity has continued to support the rollout of H.O.P.E. boxes across the Trust. This work has helped embed a trauma-informed resource to support families experiencing loss, trauma or separation. ('H.O.P.E: Hold on Pain Eases')

HOPE boxes support families by providing tangible connections to a baby and the memories created, which can be especially important during times of loss, trauma, or separation. The inclusion of comforting and familiar items, such as baby tags, a milestone book, and photographs, helps families to acknowledge their experiences, preserve meaningful moments, and validate their relationship with their baby. These items can offer ongoing comfort, encourage reflection, and support emotional processing, helping individuals and families navigate grief and begin to heal in their own time.

The Safeguarding Midwife has played a key role in supporting ward colleagues with the provision of HOPE boxes, ensuring they are used appropriately and sensitively within a trauma-informed framework. They provide guidance and advice to colleagues caring for women experiencing separation from their babies, helping teams to recognise when a HOPE box may offer meaningful support. This includes raising awareness of the emotional impact of separation, promoting compassionate communication, and ensuring that the boxes are introduced in a way that respects each individual's circumstances.

During the reporting year, 12 HOPE box sets were provided to support mothers experiencing separation from their babies. These boxes were distributed with care and sensitivity by ward staff.

13. Pregnancy Liaison Meetings (PLM):

The Pregnancy Liaison Meeting process was reviewed during the year and is now aligned across Doncaster and Bassetlaw. This strengthens the multi-agency approach to early risk identification, planning and coordinated support.

To support this a PLM SOP was developed and approved to assist in a clear outline on Trust processes.

In Doncaster we have a new representative from Early help services which has streamlined the early help referrals, therefore increasing the referrals and uptake of services. The PLM aligns with the social care reforms as part of the family first partnership and also with the early help practice framework.

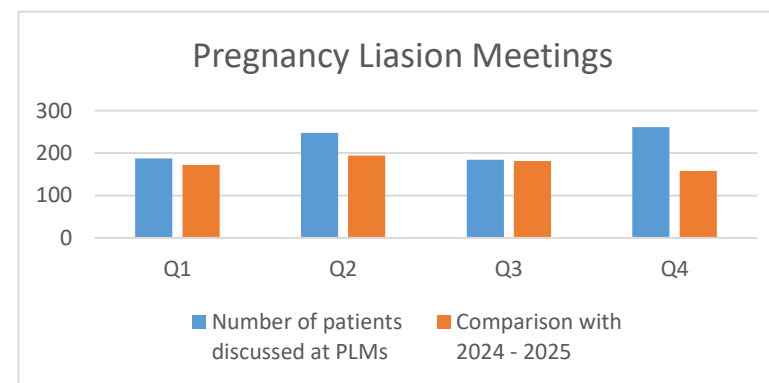
There will be further partnership opportunities to discuss how PLMs fit as part of the Family First Partnership as this new year progresses, in relation to supporting families early in their journey.

The numbers discussed at PLM remains high meaning the meetings for Doncaster have now been increased to Bi-Monthly while Bassetlaw remains a monthly meeting.

Figure 10: shows the number of PLMs completed during this reporting year, noting an overall 24.8% increase from the comparative 2024 – 2025 figures.

2025 - 2026	Number of patients discussed at PLMs	Comparison with 2024 - 2025
Q1	187	172
Q2	248	194
Q3	184	181
Q4	261	158
Total	880	705

Figure 11: Highlights the number of patients discussed in PLMs.



14. Female Genital Mutilation (FGM)

A review of multi-agency FGM processes in Doncaster has now been completed. All FGM notifications in maternity are supported by a full risk assessment at 16 weeks and information sharing with MASH to enable multi-agency consideration of risk.

The Shams clinic guidelines were completed in August 2025 and the process is becoming embedded to support any woman who has been a victim of FGM. The Named Midwife for safeguarding has worked in collaboration with the Head of Equity, Equality & Inclusivity for maternity services to ensure processes were developed and colleagues informed. Training remains ongoing to keep the focus on FGM as part of mandatory training, 1-1 and bespoke support and development of 7 minute briefings to further support the workforce.

In this reporting period the number of FGM risk assessments completed has increased from 26 in the previous annual report to 60.

A FGM Audit was completed by the Named Midwives for safeguarding and this showed that the safeguarding process in maternity services is being followed consistently, with strong oversight ensuring full compliance with national standards. All the recorded standards were achieved with 100% compliance. This included the activation of the FGM-IS alert on the national care records for female infants identified to be at risk of FGM.

The Audit was presented at the Strategic Safeguarding Group and also the quality and performance group at Doncaster Safeguarding Children's Partnership.

Figure 12: The table indicates the FGM Trust data for this reporting year and comparison with 2024 – 2025 annual report data.

2025 - 2026	Number of FGM notifications(adults)	Comparison with 2024 - 2025
Q1	15	19
Q2	13	14
Q3	18	19
Q4	14	14
Total	60	66

15. Safeguarding liaison meetings (SLMs):

The safeguarding team continues to contribute to Safeguarding Liaison Meetings, which provide a structured forum to discuss emerging concerns, review cases and offer specialist advice to frontline teams.

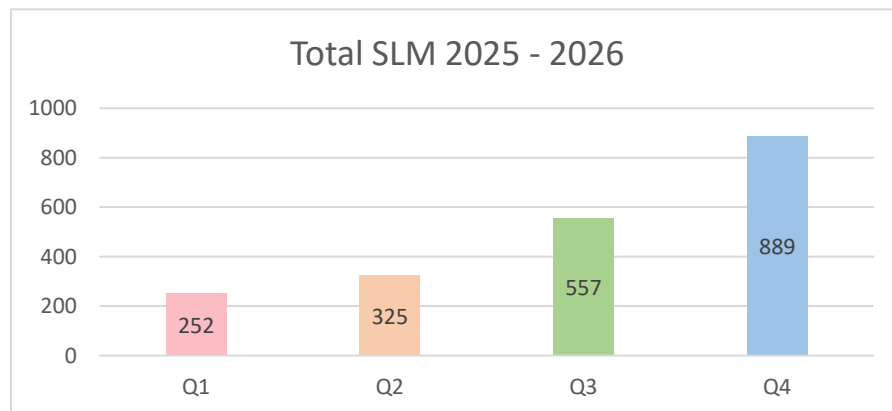
These forums offer an opportunity for robust risk assessment, the provision of expert advice, and meaningful discussion, while also ensuring that the patient's voice is considered and captured within the decision-making process

Across the DBTH footprint for all ages (Maternity, Paediatrics and Adults) there has been a total of 2023 SLMs undertaken over the reporting year.

The SLM meetings in Maternity are carried out in person and by telephone to all ward areas. Any current in-patients are discussed and advice/support given to staff on duty. It is also an opportunity to share safeguarding messages and short training sessions. It can also facilitate safeguarding supervision sessions where needed. It raises our profile in the maternity areas reminding staff where we are and what we can help with. We can also give advice to staff around safeguarding training and support in advising around discharge and pre-birth plans.

SLMs for adult and paediatric areas also take place in person.

Figure 13: Indicates the total number of SLMs.



16. Child Protection Information Sharing (CP-IS)

Child Protection Information Sharing is a nationally mandated alert system overseen by NHS England and ICBs. Implementation is being progressed through Phase 1 and Phase 2, with Trust oversight in place through safeguarding governance arrangements.

In 'Phase 1', CP-IS enables automatic alerts from a health setting to be sent to the local authority when a child subject to a **Child Protection Plan** or a **Looked After Child (LAC)** attends for unscheduled care. This provides the Local Authority responsible for safeguarding the child with awareness of where they are presenting for unscheduled health care and provides health settings with a mechanism to understand known risks for a child that may be relevant to clinical decision making and the safeguarding of a child. This is a central mechanism for collaboration on safeguarding some of our most at risk children.

The aim being that alerts should be viewed in real time to support clinical decision-making around risk and provide a mechanism for an automatic notification to be sent to the relevant local authority, which is activated when the CP-IS alert is 'viewed' by the health setting.

'Phase 1' is implemented across the following 'unscheduled' DBTH areas:

- Emergency Department (ED)
- Maternity Triage
- Minor Injury Units (MIU)
- Paediatric Assessment Areas

Current Challenges

DBTH is not yet achieving consistent organisation-wide compliance at Phase 1 due to digital system limitations and reliance on manual checks via National Care Record Service. Key gaps include:

- Alerts in ED not being viewed consistently, missing opportunities to be risk aware and provide notification to local authorities
- Inconsistent CP-IS checks across Paediatrics
- Variable use of CP-IS alerts to inform safeguarding assessment / decision making
- Smartcard permissions aligned incorrectly

As a result of the above factors, CP-IS remains on the Trust Risk Register. Compliance data is reviewed at the Strategic Safeguarding Group, although consistent reporting still requires strengthening.

Expansion – Phase 2 (Scheduled Care)

Phase 2 is to extend CP-IS into areas of scheduled care. Those being:

- Children's Outpatients (March 2026)
- Children's Dentistry (March 2026)
- Termination of Pregnancy Services (March 2026)
- All NHS-funded services seeing children/young people by September 2026, including pathways where young people attend adult services

Phase 2 will allow access to wider health settings to view the alert with the mechanism to inform risk-based decision-making. This phase will not send automatic notifications to local authorities but provides health settings with information that support enhanced awareness of risk (related to the child) and the consideration on clinical decision making and safeguarding processes that may be required for the child.

DBTH has begun scoping digital and operational requirements with support from Digital Services, Project Management and quality improvement support, and identification of clinical leads in the relevant areas.

The Safeguarding Children Team have provided briefings and information updates throughout the rollout processes.

The ICB is overseeing progress and reporting to NHS England. Regionally, other Providers are experiencing similar challenges, with widespread acknowledgment that national timescales are ambitious.

Mitigations in Place at DBTH:

- Action plan in place to drive improvements in all areas
- Dedicated improvement plan in ED
- SOPs in place (Maternity/Paediatrics), with ED SOP to follow when digital issues resolved
- Increased distribution of smart cards to broaden access
- Increase in IT equipment in Paediatric areas to support system access issues
- Digital Teams and Project Management developing a plan to improve practice and drive a coordinated implementation across Trust areas
- Daily safeguarding reminders, targeted teaching, and 7-minute briefings from the Safeguarding Children Team

- Compliance requirements now included in divisional highlight reports that are presented at the Strategic Safeguarding Group (SSG)
- CP-IS remains on the Trust risk register, with oversight at SSG and escalation to the Patient Safety Assurance Group

17. Sexual Safety:

During this reporting period, the Sexual Safety Working Group has maintained oversight of the Trust's sexual safety programme, with clear governance and twice-yearly reporting into the Strategic Safeguarding Group.

Whilst the initial Sexual Safety Policy was published in June 2024, this was revised and updated to take into account the Worker Protection Act which came into effect in October 2024 and to include newly developed additional reporting methods; Version 2 of the policy was published in May 2025, with an important aspect of the policy retaining focus on the clear standards of behaviours.

Understanding Sexual Misconduct in the Workplace Training is assigned to all roles and must be undertaken by all colleagues every 3 years. Content is the adoption of the e-Learning for Health package and March 2026 shows 95.36% of colleagues have completed this.

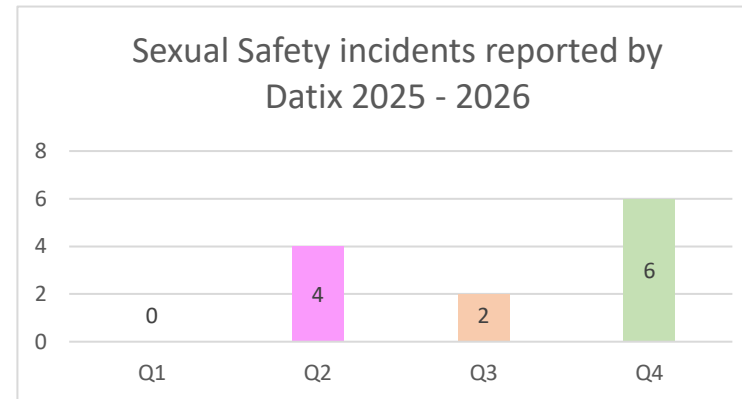
The SSWG have undertaken a review of the DBTH position against NHS England's **Sexual Safety Charter Assurance Framework** (see [Appendix 6](#) for a summary position). Initial review scores full compliance against 7 of the 10 principles. 3 Principles RAG Rated 'Amber' due to identification of opportunities which can strengthen the position (amber areas being intersectionality, training/awareness and reporting mechanisms.) Actions are in place and progressing to develop this, these remain oversighted at the SSWG.

During this year we have changed the reporting approach. Any patient related incidents continue to be reported via Datix and reported in the Safeguarding quarterly report, whilst the introduction of the report and support form allows colleagues to raise concerns that they have experienced or witnessed; this form also allows for anonymous submission to HR. Any report and support submissions received by HR, are then considered for a screening advisory assessment meeting to consider any actions and assess risk factors. HR oversight data via casework report to the People Committee in terms of the numbers of concerns received.

Data is also oversighted at the SSWG with consideration to any developing themes and updates regarding learners, security incidents, complaints and Freedom to Speak up Guardians.

As a Trust we have also had the opportunity to support a national presentation at the Healthcare People Management Association in February 2026. The presentation outlined the DBTH journey at implementing the sexual safety charter as an acute health organisation. This presentation received positive recognition from the delegates, along with requests to share our Trust resources on Sexual Safety.

Figure 14: Indicates the number of Sexual Safety incidents reported via Datix, with patient involvement.



18. Managing allegations: Person in Position of Trust (PiPoT)

The PiPoT policy was introduced on 1 April 2025 to strengthen the Trust framework for managing allegations about employees who may pose a safeguarding risk.

The PiPoT (Person in a Position of Trust) process is essential in ensuring that individuals working or volunteering within the Trust uphold the highest standards of professional conduct and safeguarding. It provides a structured approach to managing concerns about behaviour that may pose a risk to patients, colleagues, or the wider public, even where these concerns fall outside of criminal thresholds.

Effective implementation of the PiPoT process has had a positive engagement from all areas of the Trust, including clinical, operational, and corporate services, and has ensured timely information sharing, appropriate risk assessments, and coordinated decision-making.

A culture of openness, transparency, and shared responsibility has been key, enabling colleagues to feel confident in raising concerns and supporting proportionate responses. Through collaborative working and strong leadership, the Trust can ensure that safeguarding remains a priority and that individuals in positions of trust are held to account in a fair, supportive and consistent manner.

There has been a total of 24 referrals throughout the reporting year. Analysis of the themes highlights that physical/domestic abuse (8 cases) and professional boundary concerns (6 cases) are the most prominent issues, indicating a continued need for strong safeguarding awareness and clear expectations. While less frequent, the presence of harassment (2 cases), indecent images (2 cases), and self-neglect (2 cases) still

reflects areas of concern that require vigilance and appropriate response pathways. The occurrence of child neglect (1 case) and sexual abuse (1 case), although lower in number, represent high-risk categories where early identification and robust intervention are critical due to the potential for significant harm. Overall, the range of themes demonstrates the breadth of safeguarding challenges within the Trust and reinforces the importance of a coordinated, proactive approach, underpinned by effective reporting, training and education, and multi-agency collaboration to ensure risks are identified and managed appropriately.

The PiPoT outcomes for the reporting period demonstrate a range of findings across cases. A total of seven cases were substantiated, where concerns were supported by evidence following review. Nine cases were unsubstantiated, indicating that there was insufficient evidence to confirm the concerns raised. Two cases were identified as false, where allegations were found to be unfounded. At the time of reporting, five cases remain open and are subject to ongoing investigation, with outcomes to be confirmed once enquiries are completed. One case was not progressed due to the panel deeming the thresholds had not been met.

Figure 15: Indicates the number of referrals received between 2025 - 2026

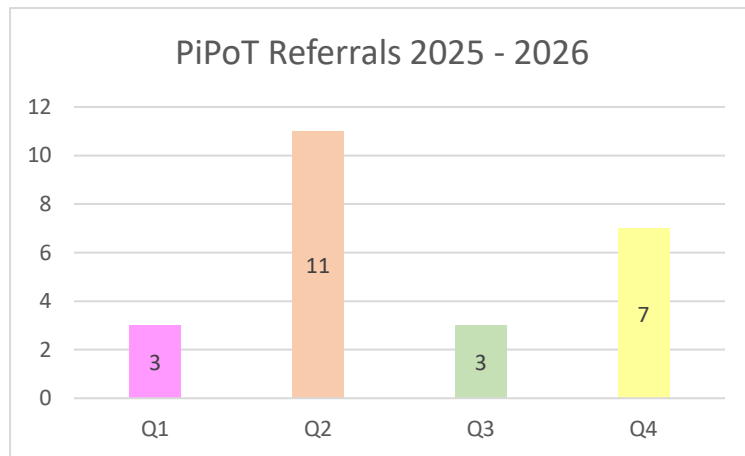
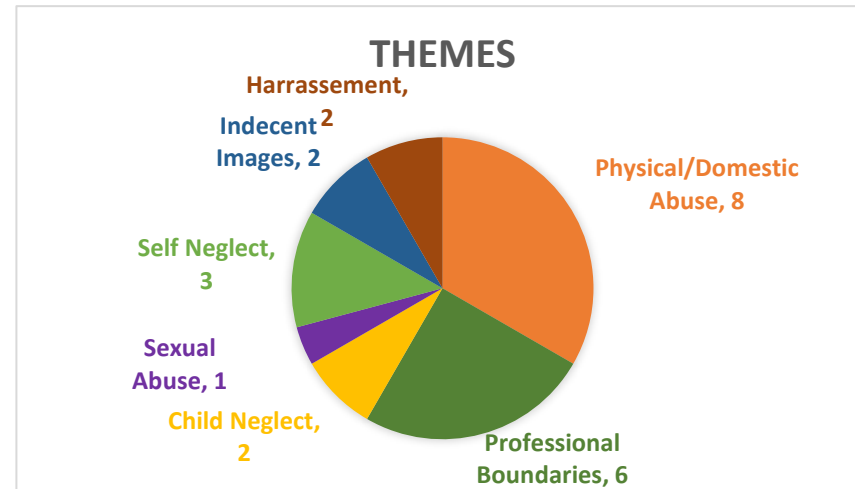


Figure 16: Shows the Themes from 2025 - 2026



19. Self Neglect

The Safeguarding Adults Team has continued to support colleagues to improve recognition of self-neglect and understand its association with complex life circumstances. This work is supported by collaboration with partner agencies to improve patient outcomes.

We are currently undertaking a Quality Improvement project to develop enhanced guidance on self-neglect which we anticipate will be helpful to colleagues around the trust. In addition, we have delivered a range of training sessions across the Trust, facilitated case review discussions within the Emergency Department, and circulated several “7-minute briefings.” These have included topics such as the links between **Childhood Neglect and Self-Neglect in Adulthood**, and the **Relationship between Self-Neglect and Suicide**.

This wider programme of work demonstrates our commitment to safeguarding vulnerable individuals through a trauma-informed approach, ensuring that patients’ views and wishes are respected and that they remain central to all aspects of care.

The Trust has also contributed to the Doncaster Safeguarding Adults Board Multi Agency Self-Neglect Audit in previous years, supporting ongoing efforts to strengthen practice and improve processes.

20. Good practice (gold standard safeguarding awards)

The Gold Standard Safeguarding Award continues to provide a valuable mechanism for recognising colleagues who demonstrate high-quality safeguarding practice.

- **April 2025 Award** presented to Abby Siddall (Midwife) - BDGH
- **May 2025 Award** presented to Umberto Piaggio (Paediatric Consultant) – DRI
- **June 2025 Award** presented to Kerri O'Halloran (Nurse ED) – DRI
- **July 2025 Award** presented to Fiona Squires & Carly Foster (Therapy Services) – DRI
- **August 2025 Award** presented to Emma Hill (Nurse) and Amy Marie Tucker (Doctor) ED – BDGH
- **September 2025 Award** presented to Natalie Glover (Midwife) – DRI
- **October 2025 Award** presented to Alice Brockwell (Lead Clinical Practitioner)– DRI
- **November 2025 Award** presented to Dr Duncan Drury (Vascular Surgeon) – DRI
- **December 2025 Award** presented to Rachael Lee (Nurse) ED – BDGH
- **January 2026 Award** presented to Esmee Cranston (Midwife) – DRI
- **February 2026 Award** presented to Luke Henfrey (Charge Nurse) ED - DRI
- **March 2026 Award** presented to Elliott Cleasby,(Physiotherapist) Todd Micklewaite (Physiotherapy Apprentice) and Tracy Higgins (Therapy Assistant) – DRI

In addition to the above Trust wide gold standard awards, the Safeguarding team were also nominated for the annual DBTH star award by the Director of Education and the Head of People Business Partners. Some key points from this nomination cited the team as showing outstanding commitment, professionalism and demonstrating a collaborative approach to supporting DBTH colleagues. It recognised the sensitive and emotionally challenging work that the team undertake with empathy, compassion and discretion. Exemplary leadership was highlighted along with the collective and significant advancements in safeguarding oversights, processes and systems around safeguarding.

Figure 17: The pictures below have captured some of the gold standard award presentations that have been shared on our Safeguarding social media page.



21. Safeguarding cases:

The team provides a quarterly case update to the Strategic Safeguarding Group covering ongoing child and adult safeguarding reviews, domestic homicides and other thematic safeguarding reviews across Doncaster and Bassetlaw.

The activity remains high and the safeguarding team have responded within timescales to all information requests in this reporting year. Specific learning for DBTH was indicated on a Child Learning review and whilst this did not meet the threshold for a multi-agency rapid review, the decision to undertake a multi-agency learning review supported identification of wider learning. Specifically for DBTH this focused on the use of Translation services and viewing pregnant people aged 16/17 years as a child in their own right, this was formulated in an action plan that was oversighted at SSG.

More generic learning themes that have been identified across the multi-agency has included the following themes:

- Self-Neglect
- Severe and multiple disadvantage
- Link between childhood neglect and self-neglect in adulthood
- Professional curiosity
- Sexual Abuse
- Emollient use and fire safety
- Mental health
- Substance use and impact on mental capacity

Learning that is identified is shared via divisional representatives who attend the SSG. Key themes are also incorporated into the DBTH Safeguarding training, safeguarding liaison meetings and work streams are developed to respond to any specific relevant areas and included on the annual safeguarding workplan.

The safeguarding quarterly reports track the ongoing number of new and ongoing safeguarding reviews and allegations against the Trust, see quarterly reports for this reporting year in [Appendix 5](#).

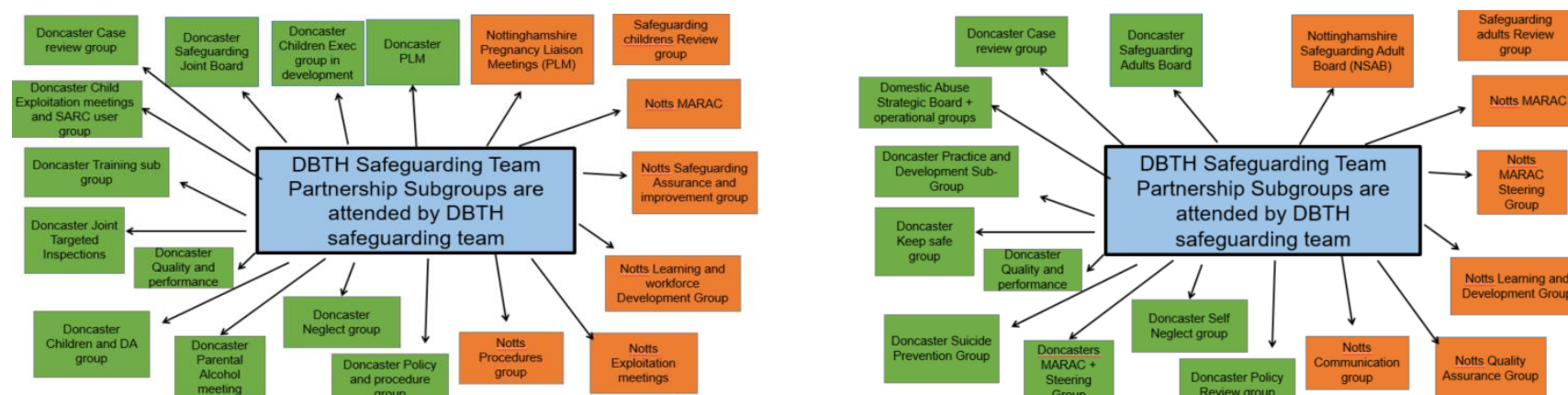
22. How we work with our partners:

During this reporting year, the team maintained representation at partnership safeguarding meetings across Doncaster and Nottinghamshire. This supports collaboration with local authorities, ICB colleagues and wider partner agencies and helps ensure shared ownership of safeguarding improvement.

The continued achievement of this is by:

1. Being able to challenge appropriately and hold one another to account
2. Early identification and analysis of emerging safeguarding risks
3. Learning being promoted, received and shared in a way that as an organisation we can become more up to date, regionally and nationally benchmarked, thus improving the way we safeguard our patients and families
4. Contribution and implementing actions within the Self Neglect Action Plan process.

Figure 18: Provides an overview of key children and adult multi-agency meetings that the safeguarding team actively contribute to (*this is not an exhaustive list*)



23. Risks

Safeguarding risks on the DATIX risk register continue to be reviewed by the Deputy Chief Nurse and Head of Safeguarding at the required frequency and are subject to quarterly scrutiny through the Strategic Safeguarding Group. At March 2026, three safeguarding risks remained open, compared with four in the previous year. The safeguarding capacity risk has closed following increased resource. The remaining open risks relate to safeguarding supervision, MCA/DoLS compliance and CP-IS compliance.

1. Safeguarding supervision (during this reporting period this risk has reduced from a grading of 9 to 6)
2. MCA and DOLS: compliance (during this reporting period this risk has reduced from a grading of 15 to 12)
3. Compliance with CP-IS (during this reporting period this risk has reduced from a grading of 12 to 9)

All open risks are supported by mitigating actions and active improvement plans. Progress is monitored through the safeguarding work plan and reviewed routinely at SSG. This provides reasonable assurance that risks are recognised, owned and actively managed; however, residual risk remains until planned improvements are fully embedded and sustained.

Figure 19: The table below provides clarity on Trust risk grading for context on the above risk position

Risk Grade	Frequency of review
Extreme 15+ risks	Monthly
High 8-12 risks	Bi-monthly or Quarterly
Moderate 4-6 risks	Annually
Low 1-3 risks	Annually

24. Training Compliance:

There has been continued focus on safeguarding training compliance and alignment of staff to the correct training level. During the year, Safeguarding Adults Level 3 was introduced and compliance reporting was expanded to include Mental Capacity, Safeguarding Supervision and Sexual Safety, strengthening oversight of workforce capability.

As a Trust we are in a strong position that roles are appropriately aligned, compliance has overarchingly been stable, with some continued focus on Level 3 Children's.

In the Trust, we will remain vigilant with safeguarding training as we recognise that a low compliance in safeguarding training, can correlate with colleagues having reduced safeguarding knowledge, which directly impacts on a reduced capacity to recognise and respond to safeguarding concerns. We also recognise wider mitigations to support safeguarding knowledge through a programme of bitesize adhoc sessions, learning and 7 minute briefs that are delivered as part of the safeguarding liaison meetings out in Trust areas. Trust acuity has at times impacted on safeguarding training but we continue to support areas with alternative ways to remain updated on safeguarding in order to continue keeping our patients safe.

Training compliance is reviewed quarterly at SSG and through divisional highlight reports, enabling formal oversight and escalation where standards are not met. Overall, the position provides reasonable assurance that safeguarding knowledge remains embedded across the organisation, although further improvement is required in relation to Level 1, Level 3 Children's and safeguarding supervision.

Of noting there has been a steady improvement on Mental Capacity training – this has allowed the impact of the MCA quality initiative to be demonstrated. Sexual safety training remains consistently on target and latterly there has been a noted decline in Level 1 training. The decline in the Level 1 training will be explored in the coming year but early reflections on the rationale for this has noted that the change may link to the change in the method of achieving compliance. Compliance was previously obtained via the Statutory and essential training - SET booklet which has now been changed with Level 1 compliance now achieved via completion of the National e-learning Level 1 Safeguarding training package. Additionally, there has been valuable feedback from learners that have compared experiences of training content from some of the other national packages to trust safeguarding face to face packages, the reflections have highlighted increased benefit and relevant content of training that is delivered by the Trust safeguarding team, which provides rich local learning from cases and a greater local (and national) context, in addition to rich reflective discussion during the sessions.

The supervision compliance will remain in focus, the process of confirming supervision completion to Education department is still being embedded and we have a noted lag on this information reflecting in the compliance data. Divisional highlight reports indicate a higher supervision compliance rate than is currently visible on our Trust compliance dashboard, this will be explored in the coming year.

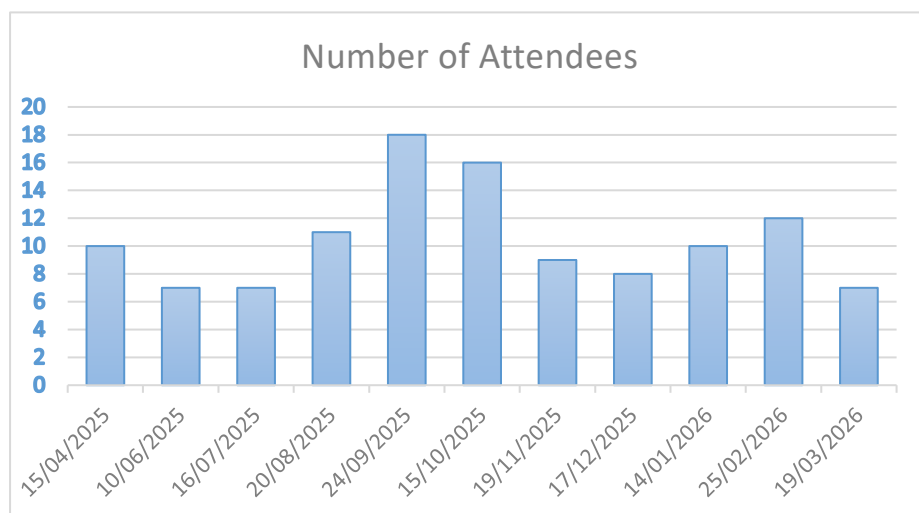
Figure 20: Provides monthly safeguarding training compliance % and highlights the year end position. New additions this reporting year being Safeguarding Adults (level 3), the split of Prevent (Basic and higher level), MCA, Sexual Safety and Supervision.

	Level 1 - Children	Level 2 – Children	Level 3 – Children	Level 4 – Children	Level 1 – Adult	Level 2 - Adult	Prevent	Basic Prevent	Sexual Safety	MCA/DoLS	Supervision
April 2025	95.02	93.61	84.93	77.78	95.03	93.83		96.64	90.63	80.04	
May 2025	94.96	92.47	85.36	88.89	94.97	92.61		95.79	91.28	81.42	
June 2025	94.80	93.26	84.27	100.00	94.81	93.77		96.34	92.70	82.14	
July 2025	94.25	93.31	83.77	100.00	94.18	93.77		95.80	93.54	83.39	
August 2025	93.61	93.35	82.76	100.00	93.68	93.66		95.68	93.99	84.07	3.91
September 2025	93.40	92.39	82.20	100.00	93.46	92.66		94.87	93.81	84.41	16.58
October 2025	92.52	92.32	82.05	100.00	92.49	92.45		94.68	94.23	84.55	22.77
November 2025	92.09	90.68	81.14	100.00	91.97	91.13	92.56	94.22	94.16	85.12	23.57
December 2025	92.99	92.69	83.38	90.00	93.05	93.03	93.10	95.18	94.59	85.79	29.91
January 2026	92.49	92.14	82.34	90.00	92.60	92.36	93.81	94.60	94.75	86.52	42.40
February 2026	89.80	90.35	81.55	100.00	89.87	90.86	92.88	91.32	94.00	86.40	44.59
March 2026 (year-end position)	86.92	91.93	81.58	100.00	86.75	91.90	92.41	90.44	95.37	87.42	39.25

Data on training sessions provided:

25. Safeguarding Children Level 3 Training data:

Figure 21: Indicates that during this reporting year there has been 11 offered Children's Level 3 safeguarding full day sessions scheduled. The availability and room capacity still provides flexibility for more colleagues to attend. In total there have been 115 colleagues trained, a 33.7% increase from the 86 colleagues trained in the previous reporting year.



Quarter	Date of training	Room capacity	Delegates attended
Q1	15/04/2025	30	10
Q1	10/06/2025	30	7
Q2	16/07/2025	30	7
Q2	20/08/2025	14	11
Q2	24/09/2025		18
Q3	15/10/2025	30	16
Q3	19/11/2025	30	9
Q3	17/12/2025	14	8
Q4	14/01/2026	30	10
Q4	25/02/2026	14	12
Q4	19/03/2026	30	7

In comparison to the last reporting year, there has been an increase in the number of sessions provided (increase from 10 sessions to 11 this reporting period). There has also been a 34% increase in the number of colleagues trained (the increase from 86 to 115 colleagues).

26. Safeguarding Adults and Children Level 2 Training Attendance

Figure 22: Indicates that during this reporting period there has been 2 Level 2 (Joint Adult and Children's safeguarding) training sessions scheduled, facilitating 13 colleagues to be trained during this period. In 2024 - 2025, 134 colleagues were trained, indicating this year there has been a 90.3% decrease. As with the Level 3 children's training there is still flexibility in the room capacity for further colleagues to be accommodated at each session. During this year there has been 7 cancelled sessions due to not having enough delegates booked on.

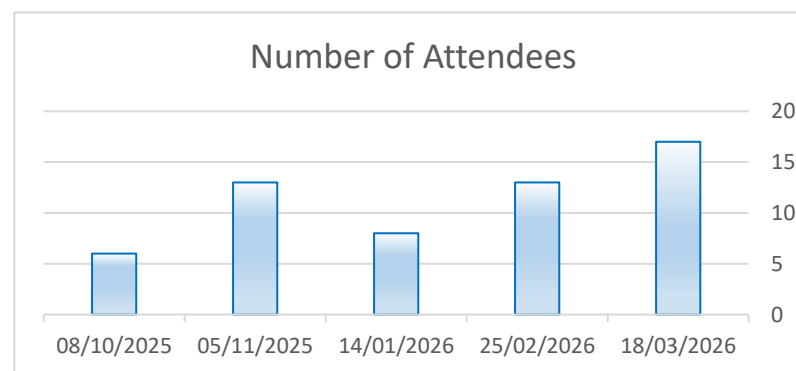
	Date of training	Location of training	Room capacity	Delegates attended
Q1	15/04/2025	BDGH Board Room	14	7
Q1	22/05/2025	Lecture Theatre	23	6

In addition to the sessions above, the Safeguarding team have continued to support delivery of Level 2 Safeguarding Training during the Foundation of Care Sessions. During this year a total of 59 colleagues accessed Level 2 training via this method, bringing the total overall to 72.

27. New Safeguarding Adults Level 3 Training Data:

Figure 23: Indicates that during this reporting year there has been 5 offered Adult's Level 3 safeguarding full day sessions scheduled. The availability and room capacity still provides flexibility for more colleagues to attend. In total there have been 57 colleagues trained.

Quarter	Date of training	Room capacity	Delegates attended
Q3	08/10/2025	14	6
Q3	05/11/2025	20	13
Q4	14/01/2026	20	8
Q4	25/02/2026	20	13
Q4	18/03/2026	20	17



28. Bespoke and targeted training support:

In addition to the statutory and essential training for safeguarding, the team have also continued to provide bespoke sessions to support specific identified targeted support.

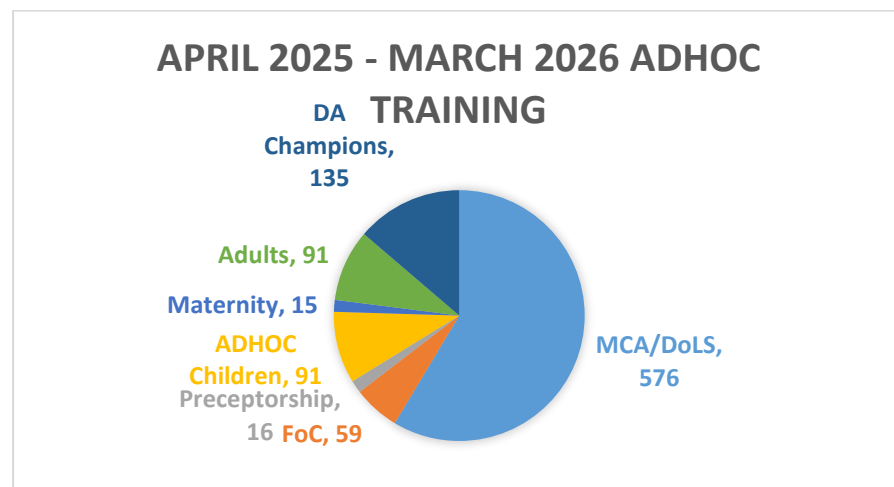


Figure 24: Indicates an overview of some key additional bespoke training that has also been provided by the Safeguarding team.

The MCA / DoLS sessions were delivered over the year 2025 - 2026. The total number of people receiving bespoke MCA/DoLS = 634. These sessions were delivered in multiple divisions, in a range of formats from impromptu snap shot briefings, diarised teachings, to Grand rounds and Governance meetings.

ADHOC Children and maternity sessions were delivered over the year 2025 - 2026 to areas to show support and guidance to topics that were requested. Throughout the year, adhoc Children training was delivered on 'was not brought', CP-IS and 16/17 year olds. These were delivered by a method of planned sessions, attendance at governance groups, adhoc briefings, doctors induction sessions and via safeguarding liaison meeting discussions. Maternity safeguarding sessions were also provided to new shift leaders and midwives new to community roles.

ADHOC Adult Sessions - The Adult Safeguarding Team has continued to invest considerable time and effort in increasing its visibility across the Trust. This has included reintroducing the team, clarifying our role, and promoting awareness of The HIVE through regular engagement within both specialist services and acute clinical areas.

A programme of bite-sized training sessions has been delivered, designed to be accessible and manageable within busy acute settings. These sessions have focused on key areas such as professional curiosity and self-neglect, alongside the sharing of practical resources to support staff in their roles. This has included the distribution of newly developed professional curiosity posters to reinforce learning and encourage reflective practice.

This approach to sharing knowledge and resources has been positively received, helping to embed safeguarding principles in day-to-day practice while recognising the operational pressures faced by clinical teams. Feedback received indicates that the increased visibility of the Safeguarding Team, along with the ongoing support provided, has been valued across the Trust.

29. Capturing the voice of our learners:

Below are some of the voices of our learners that have been captured during training evaluation:



30. Safeguarding Assurance

Section 11 reporting:

In Doncaster, 12 overarching standards are in place to assess strategic and organisational arrangements for safeguarding and promoting the wellbeing of children at risk as part of the Section 11 requirement. Although the Section 11 return was last submitted in October 2024 and therefore falls outside the current reporting period, progress against the associated action plan continues to be overseen by the Strategic Safeguarding Group, with the most recent update presented in September 2025. This provides assurance that external safeguarding assurance requirements continue to be actively monitored and embedded through internal governance processes.

The remaining area for improvement within the Doncaster Section 11 relates to safeguarding training. Trust efforts are ongoing to increase compliance, with a target of achieving 90% completion across all levels (Figure 20 highlighting the areas that still require improvement).

For Nottinghamshire, there are 9 overarching standards and partnership submission was also in October 2024. The remaining area for focus here relates to further development on exploitation identification. Whilst the Trust is in a strong position with use of record alerts to trigger risk awareness of known children and young people that attend DBTH, further work is being progressed to embed a risk assessment tool for use in the Emergency departments, this will strengthen arrangements further.

Action plan updates for both areas are oversighted at the DBTH Strategic Safeguarding Group – last presented September 2025.

Partnership Assurance Tool (PAT) – Safeguarding Adults:

The annual PAT requests from Doncaster and Nottinghamshire Adult Boards are approached in a different way to how Section 11 assurance is requested. The PAT requests for both partnerships include a number of broad narrative style questions.

Doncaster Safeguarding Adults Board (DSAB) assurance was last submitted within timescale in July 2025:

Headline Findings:

Awareness & understanding of policies and procedures:

- DBTH can evidence appropriate safeguarding policies and procedures are in place and in date.

Culture & Leadership:

- Senior Management actively promotes safeguarding culture, identified Executive lead.

Training & Development:

- Comprehensive training offer (Safeguarding, Mental Capacity, DOLS, Domestic Violence, Sexual Safety, Managing allegations – Person in a Position of Trust)

Voice of Adults at Risk:

- Referrals evidence that Adults are engaged throughout the safeguarding processes; emphasis on listening and recording views, making safeguarding personal.

Multi-Agency Working:

- Strong engagement with DSAB Board and Sub-Groups.
- Familiarity with protocols for information sharing and multi-agency meetings.

Strengths

- Clear organisational commitment to safeguarding.
- Robust policy framework and reporting mechanisms.
- Active participation in DSAB governance and learning dissemination.

Recommendations

- Maintain oversight of Safeguarding compliance through audits and referrals.
- Maintain patient centred focus and making safeguarding personal – evidenced by referral information.
- Continue proactive engagement with safeguarding adult board (SAB) strategic priorities and multi-agency work.

Nottinghamshire Safeguarding Adults Board (NSAB) assurance was last submitted within timescale in April 2025 for the deadline of May 2025:

Headline Findings:

Strategic Alignment:

- Robust safeguarding governance via Strategic Safeguarding Group chaired by Deputy Chief Nurse.
- Active engagement with Nottinghamshire Adult's Board and SAB priorities.

Risk Management:

- Key risks identified that remain open: Mental Capacity Act compliance, CP-IS checks, safeguarding supervision.

- Significant mitigation evidence: recruitment of specialist roles, MCA/DOLS practitioners, MCA quality action, improved training compliance for Adult safeguarding L2 (90%), updated supervision policy and reporting dashboard, action plan in place for CP-IS workstream.

Prevention & Early Intervention of Safeguarding concerns:

- Daily safeguarding liaison meetings embedded across trust.
- Extended Domestic Abuse (DA) services into Bassetlaw footprint.
- Sexual Safety Policy in place.

Assurance:

- Quarterly and annual safeguarding reports produced.
- Learning from Safeguarding Adult Reviews (SARs) and Domestic Homicide Reviews (DHRs) disseminated via training and liaison meetings.
- Safeguarding training compliance above trajectory; Level 3 adult training development planned. (This has now been implemented).

Engagement & Making Safeguarding Personal (MSP):

- Making Safeguarding Personal (MSP) embedded in referral processes and Datix system.

Strengths:

- Strong governance and assurance framework.
- Significant improvement in safeguarding training compliance.
- Expanded specialist safeguarding roles and resources.
- Proactive approach to embedding MCA and MSP principles.

Recommendations:

- Maintain oversight of MCA compliance through audits and quality priority.
- Monitor safeguarding supervision compliance and expand training for supervisors.
- Continue proactive engagement with SAB strategic priorities and multi-agency work.

Safeguarding Assurance and Accountability Framework – Benchmark 2025 – 2026:

The Safeguarding Accountability and Assurance Framework ([SAAF](#)), is the national framework that has been developed by NHS England in partnership with other professional bodies. It reflects key national safeguarding policy and legislation and clarifies the safeguarding roles and responsibilities for providers of NHS-funded care settings.

A benchmarking exercise has been undertaken against the SAAF (July, 2024 edition) to identify the following:

- Identify areas of compliance with SAAF
- Identify areas where strengthening is required
- Provide a clear picture of safeguarding risks to Trust Board Members with assurance that risk-based actions are in place to strengthen the identified areas

The benchmark review focused on the following 15 categories:

1. Sufficient safeguarding leadership
2. Identification of statutory safeguarding roles
3. Safer recruitment practices
4. Annual report
5. Safeguarding policies
6. Safeguarding Training offer
7. Safeguarding Induction arrangements
8. Safeguarding Supervision
9. Handling, storing and sharing of information for the purposes of safeguarding
10. Child Protection Information Sharing
11. Female Genital Mutilation and mandatory reporting
12. Processes in place for allegations against staff
13. Embedding safeguarding at every level of the organisation, including safeguarding governance
14. Safeguarding arrangements
15. Duty of candour processes

From the 15 areas reviewed, 3 areas of focus were identified that required further strengthening:

Safeguarding Supervision:

Whilst there is a strong supervision framework in place, underpinned by a detailed supervision policy, that clearly outlines which roles require safeguarding supervision, further work is required to strengthen divisional reporting and ensure local compliance reporting in departments is migrated onto the Trust DERICK database. This is being monitored at the Strategic Safeguarding Group via Divisional highlight reporting and

quarterly review of the compliance data. Further work in the year ahead will also focus on developing in-Trust supervisor training rather than reliance on externally commissioned training, this will enhance the number of safeguarding supervisors in the Trust.

CP-IS: Child Protection information sharing:

Child Protection Information Sharing (CP-IS) is a nationally mandated 'alert' system, which is being steered by NHS England and the National Safeguarding team, with oversight from ICBs. It is segregated into Phase 1 and Phase 2 implementation stages. Project management support and wider IT systems management is being progressed to support improvement. This has been discussed at Patient Safety Assurance Group (PSAG) as an escalation from the Strategic Safeguarding Group discussions regarding Trust compliance with this requirement.

DBTH is not yet achieving consistent organisation-wide compliance due to digital system limitations, reliance on manual checks via National Care Record Service and alignment of Smartcard access within Divisions.

Phase 2 is an extension of CP-IS to wider areas of the Trust that children and young people may access.

This position is reflective of the identified Trust risk – with continued monitoring in place via the Strategic Safeguarding Group.

Embedding safeguarding at every level of the organisation:

Clear progress has been made in embedding good safeguarding practice across Trust areas since the last benchmark review in 2023 – 2024, this is evidenced by the increased safeguarding resource and the increase of safeguarding activity as evidenced in the last and this annual safeguarding report.

This position is reflective of the work still to progress to improve the following safeguarding Trust risks:

- Supervision (Trust Risk ID 3254)
- MCA (Trust risk ID 3246)
- CP-IS (Trust risk ID 3521)

Each area of risk is supported by risk-based actions, with ongoing monitoring in place via the Strategic Safeguarding Group.

Conclusion of benchmark:

This benchmark indicates significant improvement in Trust safeguarding arrangements since the baseline SAAF benchmark in 2023–2024. The improvement reflects increased safeguarding resource, stronger governance, improved training compliance and increased safeguarding identification as evidenced through annual and quarterly reporting and the business overseen by the Strategic Safeguarding Group. It provides reasonable to strong assurance that the Trust is meeting the majority of national safeguarding expectations and is strengthening the areas where further development is required.

In addition to the Section 11, PAT and SAAF assurance processes, the Trust also submitted an annual self-assessment assurance return as part of NHS Standard Contract requirements in June 2025. Areas of focus remain aligned to those identified through Section 11, PAT and SAAF, and scrutiny of all assurance mechanisms is embedded within the Strategic Safeguarding Group agenda and forward schedule.

Taken together, external returns, benchmark work, audit findings, training compliance, governance reporting and risk review provide an overall position of **reasonable to strong assurance**. This reflects a well-established governance framework, clear evidence of progress and a credible plan for the areas requiring further strengthening.

31. Looking back on our priorities

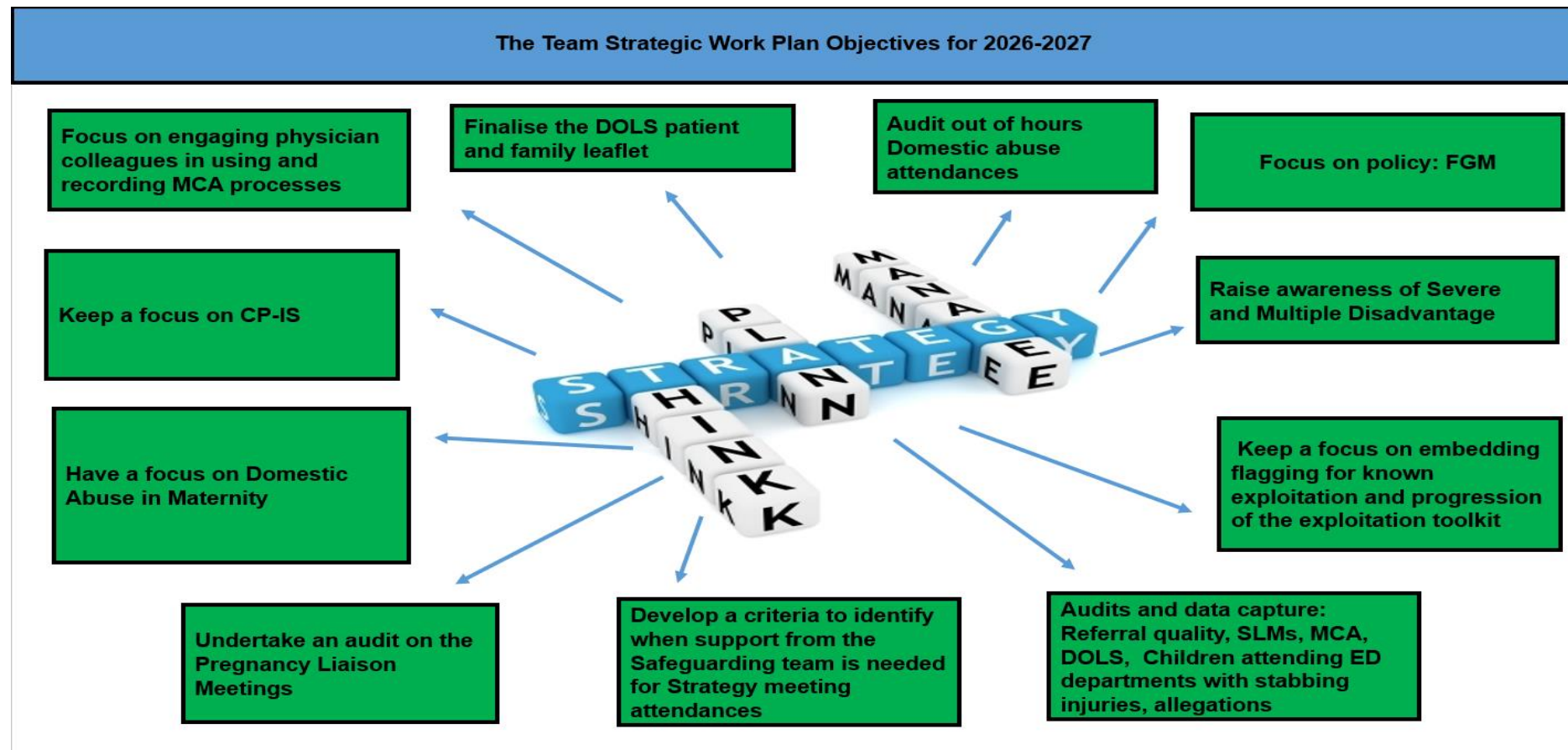
Figure 25: Provides a positive year end position with completion of key priorities that were outlined in the 2024 – 2025 annual report for achievement during 2025 – 2026. Noting that there were wider priorities as part of the work plan – a summary of which is included in [Appendix 2](#).

Safeguarding priorities 2025-2026: How did the team do ?

Continue embedding MCA workstreams, update MCA daily assessments and raise awareness of the Court of Protection	
Process Safeguarding Supervision arrangements	
Keep a focus on policy, with plans to publish FII, DA Policy and Chaperone Policy.	
Keep a focus on CP-IS	
Keep a focus on embedding flagging for known exploitation in children and young people	
Audit and data capture on referral quality, MCA and children attending ED with stabbing injuries	
Explore the funding options to continue the HOPE boxes and undertake a review of the Pregnancy Liaison meetings	
Increase domestic abuse services across the Bassetlaw Hospital footprint	
Increase the awareness of self-neglect in adults	

32. Looking forward to our 2026 – 2027 priorities

Figure 26: The safeguarding team have identified a number of key priorities for 2026 -2027 that will strengthen safeguarding arrangements. The team work plan provides further details with ongoing oversight for progression via the SSG. Below are some of the key objectives outlined in the work plan.



33. Conclusion and closing remarks:

As we move forward into 2026 - 2027, development of this annual report has provided a valuable opportunity to reflect on the DBTH safeguarding journey. It has enabled us to recognise our progress over the past year, while continuing to refine our focus and priorities for the year ahead.

This report provides an overall position of **reasonable to strong assurance** that safeguarding at DBTH continues to strengthen in maturity, oversight and impact. During 2025–2026, safeguarding has remained a clear organisational priority, supported by strengthened governance, increased workforce capability and improving training compliance.

Progress this year reflects the contribution of both the safeguarding team and colleagues across all divisions. Improved visibility, stronger training and multidisciplinary working have strengthened the Trust's ability to recognise and respond to concerns in a timely and consistent way.

Increased safeguarding activity, alongside stronger partnership working and visible governance oversight, provides assurance that colleagues are increasingly confident in identifying and escalating concerns.

Residual risk remains in relation to safeguarding supervision, MCA/DoLS compliance and CP-IS. These areas will continue to require focused oversight and delivery of the 2026–2027 priorities to secure further embedding and sustained improvement.

In summary, the evidence presented provides reasonable to strong assurance that DBTH has effective safeguarding arrangements in place, supported by clear governance, improving workforce capability and strong partnership working.



Denise Phillip
Head of Safeguarding

Appendix 1

Meeting dates: 05.06.2025 (14:00 – 16:30), 25.09.2025 (14:00 – 16:30), 04.12.2025 (14:00 – 16:30), 19.03.2026 (14:00 – 16:30)

DBTH SSC Forward Schedule of Business (April 2025 – March 2026)				
For Assurance	Q1 April – June 2025	Q2 July – Sept 2025	Q3 Oct – Dec 2025	Q4 Jan – March 2026
SG Quarterly report	✓	✓	✓	✓
Annual Report	✓			
Training Compliance	✓	✓	✓	✓
Safeguarding Self-Assessments / Section 11 / PAT	On Completion / when scheduled			
Audit outcomes / action plans	On Completion / when scheduled			
Update on SG workplan	✓			✓
Update on SG risks	✓	✓	✓	✓
Update on SG cases	✓	✓	✓	✓
Good Practice	✓	✓	✓	✓
Outstanding Datix and Divisional responses	✓	✓	✓	✓
Looked after Children's update		✓		✓
SEND update		✓		
MCA / DoLs update	✓	✓	✓	✓
For Approval	Q1 April – June 2025	Q2 July – Sept 2025	Q3 Oct – Dec 2025	Q4 Jan – March 2026
Policies	On Completion / when scheduled			
Escalations	✓	✓	✓	✓
ToR	✓			
Group Membership	✓			
Agree Forward schedule of Business	✓			
Audit action plans	On Completion / When scheduled			
For information	Q1 April – June 2025	Q2 July – Sept 2025	Q3 Oct – Dec 2025	Q4 Jan – March 2026
SG Briefings	✓	✓	✓	✓
Key SG headlines regional/nation	When available			
Learning from other areas	When available			
Updates from ICB / DBTH Divisions	✓	✓	✓	✓

Appendix 2: 2025 – 2026 Work Plan summary



Safeguarding Work Plan 2025 - 2026:

Year end position update and summary March 2026 – Denise Phillip (Head of Safeguarding)

This has been another ambitious workplan for 2025 – 2026, with key priorities and safeguarding work streams identified following the annual review GAP analysis that was undertaken on 4th March 2025. In total there were 48 work streams identified, with some larger action carried over from the previous year.

Current areas completed:

MCA in ED (Action 2): Collaboration has occurred with ED to deliver teaching sessions, provide in person support during safeguarding liaison meetings and work with lead medics to support delivery of key messages. A Qii programme has also been outlined to support further improvements.

MCA documentation in ED (Action 3): Support has been provided to improve documentation in relation to MCA in ED, this has been via SLMs, case by case involvement and established relationships with key members in ED.

Daily NerveCentre assessment for Mental Capacity (Action 6): This has now been revised to incorporate evidencing accommodation to hospital for care and treatment. Patients that don't have capacity have a flag generated on Nerve centre record.

MCA Form 1 (Action 7): This form was reviewed and revised, following scoping with other Trusts, liaison with Trust Solicitor and circulation to Local Authority / Local Safeguarding Adult Board. The form is now in used on Nerve Centre and uploaded to the Hive as a wider resource. Communications were circulated to support the change.

The SG team will review and revise the layout of the MCA/DoLS material and content on the Hive (Action 8): Layout of Hive content enhanced and relevant resources uploaded.

The safeguarding team will review and redesign the MCA documentation audit (Action 9): Other Trusts were scoped as a benchmark prior to design of the new audit framework. The new format provided a framework to demonstrate how the application of the MCA was being evidenced across Trust areas and has provided a clear focus of areas that require strengthening. Audits have remained quarterly during this work plan period.

Fabricating and Inducing Illness policy (Action 10): This was a new policy that was developed to support safe practice and a specific detailed focus on how to manage these cases. The safeguarding team consulted with other Trusts' to benchmark different approaches, consulted with the ICB and the final policy was reviewed by Named Doctor and Designated Doctors on completion.

Review and update of the Domestic Abuse policy, including development of a support tool for managers (Action 11): This policy and support tool was completed ensuring Trust colleagues have access to up to date information to support patients and colleagues that experience domestic abuse.

Review of the Chaperone Policy (Action 13): This policy was reviewed to incorporate National guidance, following review of the information on skills net and the link to the Sexual Safety agenda. This will support the refresh of the update of DBTH Chaperone eLearning package.

Provide a mechanism to capture the additional 4 hour requirement for Level 3 Children's safeguarding training (Action 14): All colleagues that required this for their role were identified using ESR data. Comms were distributed and resources made available on the Hive to support colleagues on how this requirement can be achieved. In collaboration with education this is now reported via DERICK data since Sept 2025.

Ensure processes are in place for Doncaster to support identification and alerting for Child Exploitation (Action 15 / 16): In liaison with Doncaster and Notts partners, a pathway of information sharing was developed to alert CYP that are at risk of exploitation. This will provide an opportunity to be risk informed and act promptly to safeguard during presentation at DBTH. This has been underpinned by a SOP which includes a process to also remove any alerts when appropriate.

Audit: Quality of Children's SG referrals (Action 18): Audit completed presented at SSG June 2025.

Audit: Quality of Adult SG referrals (Action 19): Audit completed presented at SSG June 2025.

Audit: Quality of Unborn SG referrals (Action 19): Audit completed presented at SSG June 2025.

Audit: Compliance with Mental Capacity Act (Action 21): Audit completed quarterly and presented each quarter at SSG.

Audit: FGM (Action 23): Audit completed of maternity records providing good assurance on FGM processes. Presented at SSG in Dec 2025 and DSCP in Jan 2026.

Audit: Children attending ED departments with a stabbing injury (Action: 24): Quarterly audit completed and data shared at SSG and DSCP. Noted area for strengthening in presentation of 16/17 year olds that present via adult pathway of ED, this is an ongoing area of focus.

Secure funding for HOPE boxes (Action 26): Funding was secured via Charitable sources, the responsibility for dissemination and funding of future HOPE boxes will now transfer to Maternity division, with ongoing support from safeguarding.

Pregnancy Liaison Meetings for both Doncaster and Bassetlaw to be standardised in process (Action 28): A review of both areas was undertaken in collaboration with partners that are involved in these meetings. This has been underpinned by a SOP and ensures the processes involve a multi-agency approach from start to finish.

Progression of learning from the Lasting Power of Attorney Webinar from the Office of Public Guardian (Action 30): Resources have been updated on the Hive, communications circulated and training material updated.

Raise awareness of Court of Protection processes (Action 31): In collaboration with Trust Solicitor sessions were presented to Trust colleagues.

Children/Unborn referral SOP (Action 32): The SOP was developed to outline the process that should occur when a copy of the referral form is received in the SG team inbox. SOP approved at SSG in Sept 2025.

Raise awareness of Multi-Agency Public Protection Arrangements (MAPPA) – (Action 34): Level 3 training updated to include MAPPA information and MAPPA SOP completed – this was approved at SSG Dec 2025.

Development of Domestic Abuse services across the Bassetlaw Hospital footprint (Action 35):

Substantive appointment of the DA Liaison officer roles supported the expansion of this resource to Bassetlaw site. Champions have been recruited, safeguarding liaison meetings from DALOs occur and additional bespoke sessions have been undertaken. DALOs have been visible across Bassetlaw areas.

Review of the DA referral process to support a safe response (Action 36): SOP approved at March SSG. DA referral's progress via Datix that now have incorporated risk based questions to support completion of DASH form. Summary of changes in Trust shared with Doncaster DA lead.

Review of the Domestic Abuse data matrix to ensure all requirements for data evidencing is being captured (Action 37): Matrix robust and allows for data breakdown across all 3 sites. Provide a clear demographic of DBTH population / staff experience and provides themes to be considered. This creates a strong basis to influence future training and workstreams.

Raise the awareness of Management of Allegations: Persons in a position of Trust (Action 38):

Work has been undertaken to support Divisional awareness. Comms developed and 7 minute briefing to support further learning. This is also included in Level 3 training for children and adult safeguarding. Awareness of this is also supported by HR colleagues. This will remain an ongoing focus to ensure continued awareness.

Raise the awareness of how allegations against the Trust from the Local Authority (relating to adult safeguarding – Section 42) are managed and escalated (Action 39): Escalation process developed. Monthly reporting to Divisional / Deputy Divisional Nurses for awareness. Weekly SG team meetings with Head / Deputy Head of Safeguarding to support oversight and information gathering to inform Local Authority.

Raise awareness of the Non-Fatal Strangulation pathway / national guidelines (Action 40): 7-minute briefing and bespoke sessions undertaken to raise awareness of national guidance. DBTH NFS pathway completed and wider partner pathways supported. Anticipated further national guidance for children in the coming year.

Develop a team process to link Safeguarding learning / developments in practice back to index case of concern where relevant (Action 41): Development of a case matrix that tracks any specific learning / practice development. Quarterly oversight of this in team, this support case update at SSG. Further work planned in 2026 – 2027 for annual overview reporting on all case reviews / cases of significance.

SOP for Legal Statements (Action 42): SG team supported the outline of a SOP on management of legal statements. As all statements are managed by the Trust legal team the SOP outline was shared and no further action for the SG team. SG team continue to support the legal team where needed for any complex queries on statements.

Processing Safeguarding Referrals within K2 (Action 43): An historical 'referral door' on K2 was providing confusion for the referral process. In collaboration this was reviewed and the 'referral door' removed.

Develop a clear pathway and SOP for when an Interim Care Order (ICO) is granted following birth (Action 44): SOP approved March SSG.

DA Liaison officers to develop a SOP for recording safety information obtained via MARAC (Action 45): Scoping of other Trusts was undertaken as a benchmark on processes and a SOP developed to support required processes. This was discussed at the vulnerabilities Panel to support agreed alerts for any relevant patients. SOP agreed at SSG.

Sexual safety – establish Trust processes (Action 48): Trust working group in place with governance flow to SSG. Working group underpinned by a ToR. Policy in place that outlines Trust behaviour standards and reporting processes for cases involving Patients or colleagues. Training eLearning in place as per national recommendation and compliance above Trust target.

Ongoing areas that will transfer to 2026 – 2027 work plan:

Actions 1, 4, and 5 (Mental Capacity Act): These actions have involved multifaceted elements all of which are noted to have progress – with some actions partially completed. The remaining factors to be finalised in 2026 – 2027 are: Reporting flowcharts for MCA / DoLs / Qi project in ED / Lead Physician work / Walk through videos to support increased awareness in MCA / DOLS / Best interest form completion / DOLS leaflet. The most noted areas that has not progressed as positively is the physician work – whilst there has been an identified position to support the MCA workstream competing priorities have impacted on anything meaningful being progressed as yet. This is an area for strengthening in 2026 – 2027.

Female Genital Mutilation – update policy, (Action 12): Work has been undertaken to support a review of the multi-agency processes in Doncaster. This action has been paused due to factors outside of DBTH (awaiting for the publication of the Partnership pathway). The DBTH policy does remain in date until Aug 2026 but an earlier policy update was anticipated when the partnership process was updated. This will remain an action for the 2026 – 2027 work plan.

Child Protection Information Sharing – CP-IS (Action 17): Whilst significant work has been progressed with CP-IS in DBTH this remains a Trust risk and work is still required to strengthen compliance / reporting frameworks. NHS England has also progressed Phase 2 implementation so there is an additional requirement to embed CP-IS in all areas that see children and young people under the age of 18 years by Sept 2026 (this will include therapy areas / wider midwifery areas), with some earlier deadline dates for termination of pregnancy, outpatients and dentistry. Support from IT leads and Project Management is planned to strengthen this. There is an action plan in place to oversight progression. This is a significant piece of work and will remain in focus for the year ahead.

Audit: Out of Hours Domestic Abuse referrals (Action 22): Audit for time period 2024-2025 has been completed with result comparison to 2023-2024 identifying some areas of improvement and giving a clear focus for areas to be strengthened. Some actions to be finalised (launch of grab packs and sharing of results with ED – finalisation of this will be confirmed on next year's work plan.

Safeguarding tendable questions (Action 25): Work has been completed to update the safeguarding and MCA questions on to the weekly tendable questions but progression of these have been paused – which has been outside of the SG team control. Once these have been updated the team will be able to undertake the planned 'peer' audit in addition to the weekly audit undertaken by divisional areas. Safeguarding / MCA questions are still on tendable (weekly) but this action won't be progressed until the question set is updated.

Evidence of impact from DA Liaison officers (Action 27): A questionnaire feedback form was developed with a QR code to capture feedback from referrers that work in Trust and a paper copy. Uptake on colleagues completing this has been slow due to competing clinical pressures. Verbal feedback from colleagues that have been supported by DA Liaison officers has remained positive and SSG feedback positive. Feedback from DRI ED has been positive and further evaluation is being undertaken at Bassetlaw.

Development of a pathway between Maternity and Paediatric areas to ensure identified risk factors are transferred (Action 29): Work is in progress to support transfer of information from maternity to

neonatal area pathway. This will continue on the 2026 – 2027 work plan. It is likely that the work will be around supporting divisional areas to develop the pathway.

Increase awareness of self-neglect (Action 33): There has been a significant amount of work on this area. Bespoke training, increased resources, 7-minute briefings. This is an ongoing action due to the finalisation of a Qi project and development of a self-neglect tool to support clinical risk decision making. The safeguarding adult referrals for self-neglect has already notably increased due to the work undertaken so far.

Audit of return rates and themes for DOLS submitted to DBTH Safeguarding inbox (Action 47): this action was added in November 2025, the audit registration is being progressed and this will continue on the 2026 – 2027 workplan.

Areas not progressed:

DA team to identify process for repeat attendances at MARAC (Action 46): Not progressed due to partnerships having a process in place for management of repeat MARACs – further consideration in next years work on review of repeat health attendance for any known patients with MARAC flag.

Overarching key of Work plan completion – amber areas will transfer to 2026 – 2027:

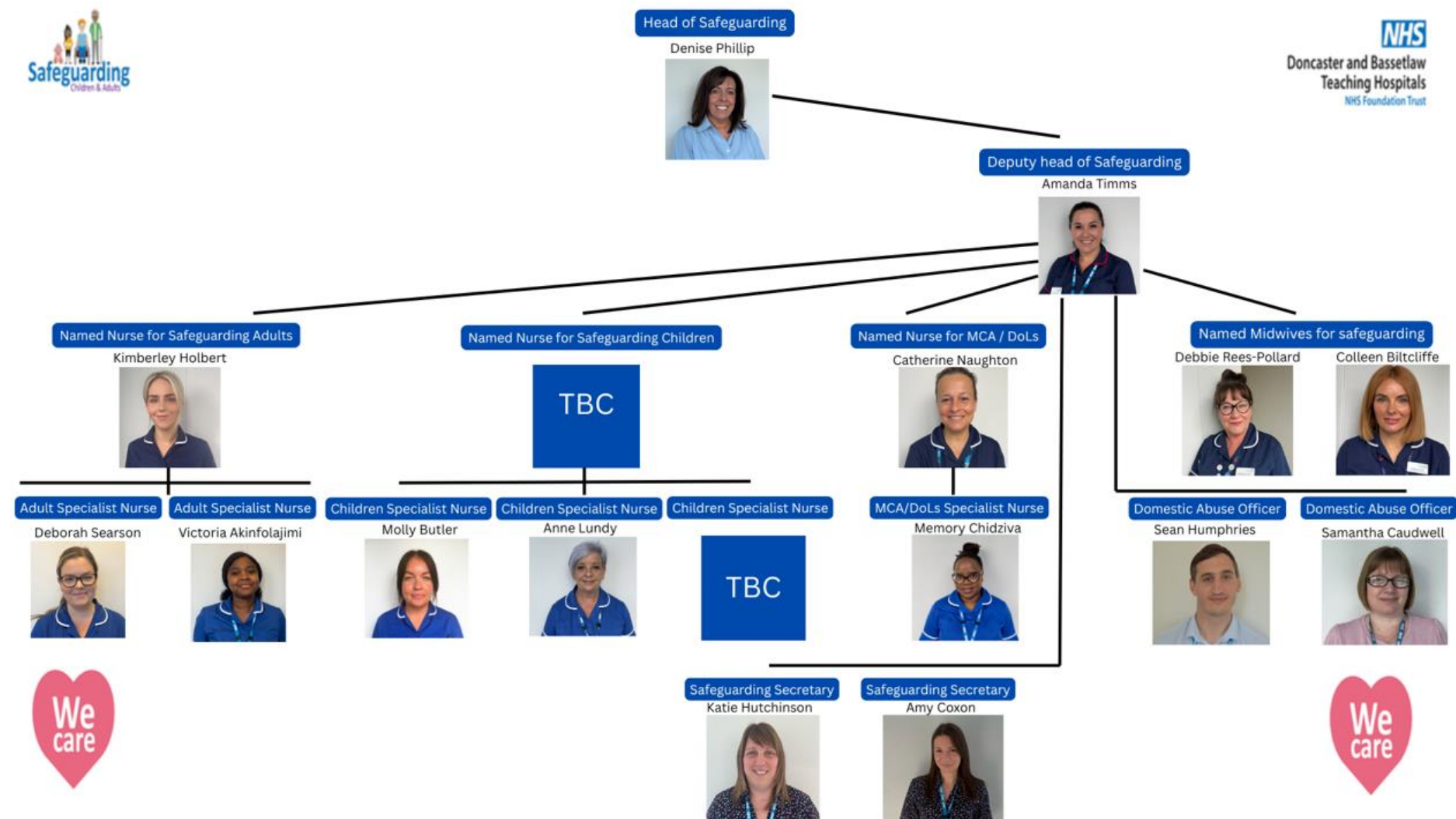
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Amber	Green	Green	Amber	Amber	Green	Green	Green	Green	Green	Green	Amber	Green	Green	Green	Green	Amber	Green	Green	Green	Green	Amber
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44
Green	Green	Amber	Green	Amber	Green	Amber	Green	Green	Green	Amber	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green	Green
45	46	47	48																		
Green	Grey	Amber	Green																		

Key:

Action completed	Action in progress	Action not progressed / no longer required
Green	Amber	Grey

- 36 out of 48 were completed by end of Q4
- 1 not progressed / no longer required
- 11 will continue to 2026

Appendix 3 – DBTH Safeguarding team



Contact us on 01302 642437 dbh-tr.safeguarding@nhs.net

What is our role?

As a Safeguarding team we provide safeguarding support, advice, safeguarding supervision and safeguarding training for colleagues working with adults and children (including maternity services) across Trust areas.

We ensure that safeguarding policies and procedures are in place in order to support safe practice to all patients whilst they are accessing care from service areas.

As a team we work closely with Partner agencies to ensure robust safeguarding arrangements are in place for children and adults in a 'think family' approach. We contribute as a Partner agency to shape and influence, local, regional and national safeguarding arrangements.

We work across South Yorkshire and Nottinghamshire to share practice, develop a shared safeguarding vision and champion a coordinated safeguarding response.

What do we offer?

The team's core hours of work are Monday – Friday (9-5pm). Outside of these hours safeguarding support resources can be found on the [HIVE](#). We support the multi-agency safeguarding partnerships and boards to undertake reviews of serious safeguarding cases, domestic homicides and allegations that may have been made against our Trust; liaising with relevant Trust areas to provide and share information.

We support Trust colleagues with any Safeguarding advice or support that may be required to support care of an adult or child, answering any safeguarding questions that colleagues may have.

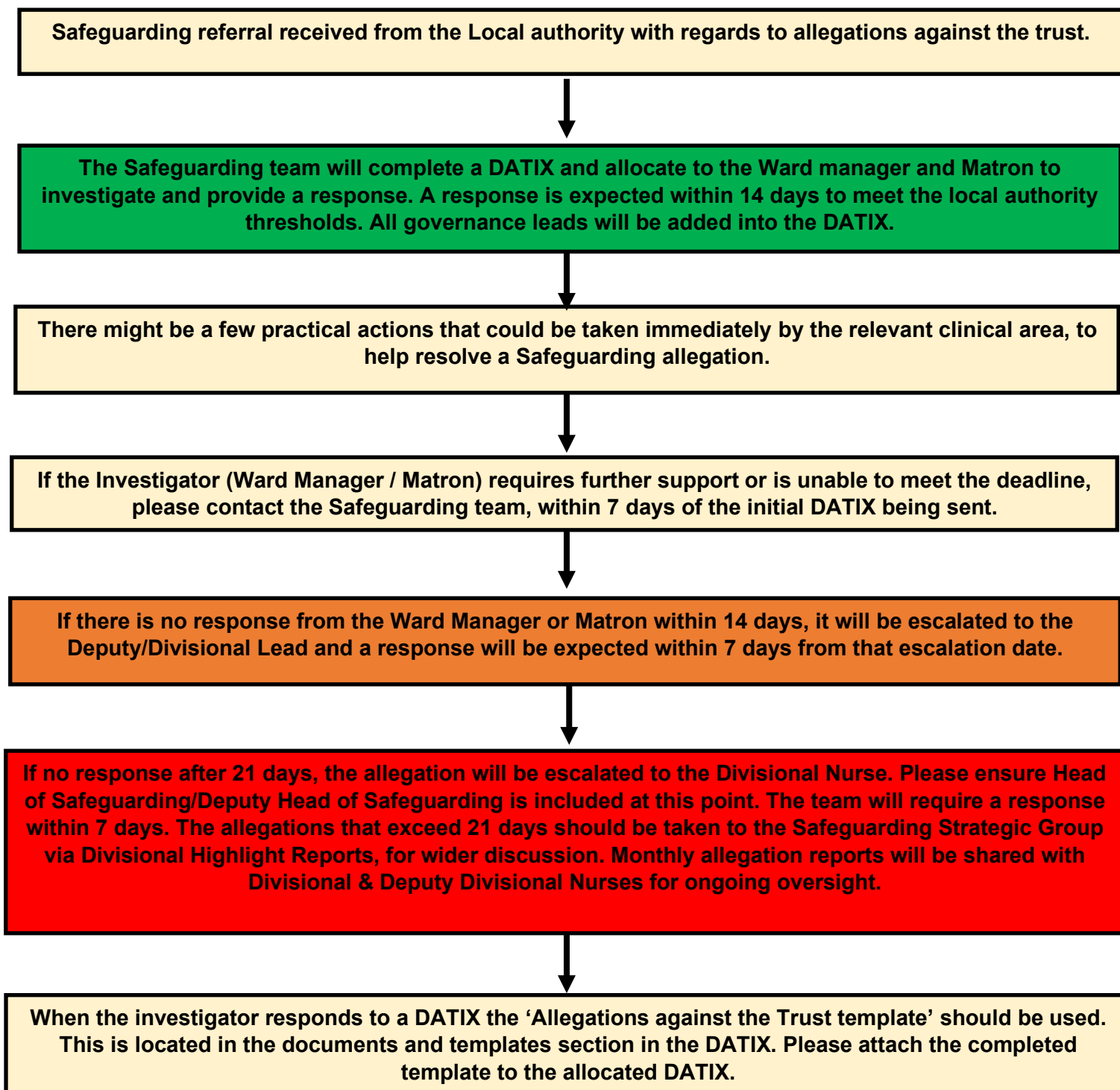
We provide Safeguarding training on a range of topics for Trust colleagues and opportunities to access safeguarding supervision.

We disseminate key local and national safeguarding information across Trust areas and signpost to internal and external safeguarding training opportunities.

We are the interface for partners and support safe sharing of safeguarding information when necessary to safeguard an unborn baby, child, young person or adult at risk

Appendix 4

Escalation Flowchart for 'Allegations against the Trust'



For any support please contact the safeguarding team on 01302 642437
Or email dbh-tr.safeguarding@nhs.net

Appendix 5 – Safeguarding Quarterly reports 2025 - 2026



DBTH Safeguarding Quarter 1 Report April to June 2025

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

15 FGM notifications
0 FGM-IS completed
- female births only

0
Additional Domestic
Abuse Champions were
enlisted by the DA Liaison
officers (total now for
the Trust is 497)

2 Domestic
Abuse Champions
updates provided
by the Liaison
officers

4 SAR Requests
Ongoing SARs **5**

4 DARDR requests
Ongoing DARDR **6**

FGM Referrals

Risk assessments completed
All risks assessments are on track to
be completed by 16 weeks gestation.

3

OHPE
Box sets provided for families

14	Referrals were made to the Doncaster Domestic Abuse Hub	🟢
23	referrals were rated at high risk and heard at MARAC	🟢
127	Referrals from DBTH to children's Social Care	🟢
87	Unborn referrals from DBTH to Children's Social Care	🟢
188	Referrals made from DBTH to Safeguarding Adults Hub/MASH	🔴
270	DoLS applications made to the relevant Local Authority	🟢
1	DoLS applications authorised by the relevant Local Authority	-
0	PREVENT referral made	-
0	PREVENT Information Sharing Requests	🔴
1	referral from LADO to DBTH	🔴
3	PIPoT referrals received	-



Doncaster:

127 background checks 🔴
94 total cases discussed at PLM 🔴

Bassetlaw:

58 New referrals to PLM 🔴
93 total cases discussed at PLM 🟢

27 🔴

Safeguarding Adults *allegations*
against the trust (received from the
Local Authority).

Top 3 themes for Safeguarding Adults allegations against the Trust:

1. Missing information from discharge letter
2. Information sharing on discharge
3. Hospital acquired pressure ulcer.

Safeguarding Children

- 0 Rapid Reviews conducted for Doncaster
- 2 Rapid Reviews conducted for Nottinghamshire
- 2 Ongoing Child Safeguarding Practice Reviews for Doncaster
- 4 Ongoing Child Safeguarding Practice Reviews for Nottinghamshire

Top 3 Themes:

For child referrals

1. Neglect
2. Child Mental Health
3. Domestic Abuse

For adult referrals

1. Self-neglect
2. Neglect
3. Domestic Abuse

For unborn referrals

1. Domestic Abuse
2. Parental Substance Misuse
3. Parental Mental Health

252 Safeguarding Liaison Meetings were held across DBTH

DBTH Safeguarding Training	Trust compliance	Increase or Decrease?
Safeguarding Adults Level 1 (via SET)	94.87%	U
Safeguarding Adults Level 2	93.81%	U
Safeguarding Children Level 1 (via SET)	94.86%	U
Safeguarding Children Level 2	93.28%	U
Safeguarding Children Level 3	84.22%	U
Basic PREVENT awareness (via SET)	96.36%	U

Key Achievements:

✓	Collaboration between SG team members and maternity regarding Sterilisation protocol to ensure Mental Capacity is considered
✓	Attendance at Bassetlaw ED Governance
✓	Finalisation and update of the weekly Safeguarding assessment on nerve centre
✓	Exploitation alerts now live on Symphony – for Doncaster
✓	Safeguarding collaboration with the quality work regarding discharge planning (checklist and passport development)
✓	Completion of the annual safeguarding self-assessment
✓	Welcomed DA liaison officer Samantha Caudwell who commenced in post April 2025
✓	Publication of the 'Use of Chaperones – Guidance and Framework for Clinical and Support Staff
✓	Completed audits on the quality of adult safeguarding referrals
✓	Completed audits on the quality of unborn / child safeguarding referrals
✓	Review and publication of Domestic Abuse Policy
✓	Streamlining of the Pregnancy Liaison Meetings
✓	Review of the completion of the Mental Capacity act audit
✓	Slavery Exploitation Risk Assessment Conference SOP



Looking forward priorities:

1 Safeguarding Training and Supervision compliance	2 Embedding PiPoT/LADO processes
3 Continuing visibility of the Safeguarding Team	4 Embedding CP-IS across DBTH
5 Engagement of Medical colleagues in use and documentation of MCA principles	



Safeguarding Documents:

[Safeguarding 7 Minute Briefing – The Hive \(dbth.nhs.uk\)](https://dbth.nhs.uk)



Abbreviation List	
FGM - Female Genital Mutilation	FGM-IS - Female Genital Mutilation - Information Sharing
SAR - Safeguarding Adult Review	MARAC - Multi-agency Risk Assessment Conference
DARDR - Domestic Abuse Related Death Review	LADO - Local Authority Designated Officer
DoLS - Deprivation of Liberty Safeguards	CP-IS - Child protection information sharing
PLM - Pregnancy Liaison Meeting	



6	Referrals were made to the Doncaster Domestic Abuse Hub	U
3	Referrals were made to the Bassetlaw women's aid	-
32	Referrals were rated at high risk and referred to Doncaster MARAC	U
5	Referrals were rated at high risk and referred to Nottinghamshire MARAC	-
135	DBTH Children's Social Care Referrals	U
41	DBTH Unborn Social Care Referrals	U
198	Referrals made to DBTH Safeguarding Adults Hub/MASH	U
261	DoLs applications made to the relevant Local Authority	U
4	DoLs applications granted by the relevant Local Authority	U
0	PREVENT referrals made	-
6	PREVENT Information Sharing Requests	U
0	LADO referrals completed	U
11	PiPoT referrals received	U
4	Sexual safety incidents	-

Doncaster PLM Referrals:	Bassetlaw PLM Referrals:	Out of Area PLM Referrals:
206 New referrals to PLM	34 New referrals to PLM	Start September - end September 8
July - 53 / Aug - 57 / Sept - 96	July - 8 / Aug - 15 / Sept - 11	

30  **Safeguarding Adults *allegations*** against the trust (received from the Local Authority).

Top 3 themes for Safeguarding Adults allegations against the Trust:

1. Discharge – No Care provision on discharge
2. Discharge - Information sharing
3. Care Received at DBTH

Safeguarding Children

- 0 Rapid Reviews conducted for Doncaster
- 0 Rapid Reviews conducted for Nottinghamshire
- 2 Ongoing Child Safeguarding Practice Reviews for Doncaster
- 5 Ongoing Child Safeguarding Practice Reviews for Nottinghamshire

1 2 3 Top 3 Themes:

For child referrals

1. Neglect
2. Child Mental Health
3. Domestic Abuse

1 2 3

For adult referrals

1. Self-neglect
2. Financial
3. Neglect

1 2 3

For unborn referrals

1. Female Genital Mutilation
2. Previous social care
3. Domestic Abuse

325 Safeguarding Liaison Meetings were held across DBTH

DBTH Safeguarding Training	Current Trust compliance	Increase or Decrease from previous quarter?
Safeguarding Adults Level 1 (via SET)	93.49%	U
Safeguarding Adults Level 2	92.70%	U
Safeguarding Children Level 1 (via SET)	93.44%	U
Safeguarding Children Level 2	92.37%	U
Safeguarding Children Level 3	82.08%	U
Safeguarding Adults Level 3	6.35%	N/A
Basic PREVENT awareness (via SET)	94.89%	U
Mental Capacity Training	84.34%	N/A
Safeguarding Supervision	16.64%	N/A
Understanding Sexual misconduct	93.77%	N/A

Key Achievements:

- ✓ Safeguarding Level 3 Adults training commenced
- ✓ Safeguarding Star Award Nomination
- ✓ Pilot for Exploitation Alerts (Notts) agreed
- ✓ Commenced Divisional allegation report
- ✓ FI policy
- ✓ Supervision compliance now live on Derick
- ✓ Trust responses to Fuller report in place
- ✓ Victoria Oluwatosin commenced in role as Safeguarding Adult Specialist Nurse



Looking forward priorities:

- 1 Safeguarding Training and Supervision compliance
- 2 Embedding PiPoT/LADO processes
- 3 Continuing visibility of the Safeguarding Team
- 4 Embedding CP-IS across DBTH
- 5 Engagement of Medical colleagues in use and documentation of MCA principles



Safeguarding Documents:

[Safeguarding 7 Minute Briefing – The Hive \(dbth.nhs.uk\)](https://dbth.nhs.uk)



Abbreviation List	
FGM - Female Genital Mutilation	FGM-IS - Female Genital Mutilation - Information Sharing
SAR - Safeguarding Adult Review	MARAC - Multi-agency Risk Assessment Conference
DARDR - Domestic Abuse Related Death Review	LADO - Local Authority Designated Officer
DoLS - Deprivation of Liberty Safeguards	CP-IS - Child protection information sharing
PLM - Pregnancy Liaison Meeting	PiPoT - Person in Position of Trust



Referrals

7	Referrals were made to the Doncaster Domestic Abuse Hub	🟢
0	Referrals were made to the Bassetlaw women's aid	🔴
1	Referral was made to out of area DA services	
11	Referrals were rated at high risk and referred to Doncaster MARAC	🔴
6	Referrals were rated at high risk and referred to Nottinghamshire MARAC	🔴
2	Referrals were rated high risk and referred to an out of area MARAC	
109	DBTH Children's Social Care Referrals	🔴
85	DBTH Unborn Social Care Referrals	🟢
159	Referrals made to DBTH Safeguarding Adults Hub/MASH	🔴
272	DoLs applications made to the relevant Local Authority	🟢
1	DoLs applications granted by the relevant Local Authority	🔴
1	PREVENT referrals made	🟢
7	PREVENT Information Sharing Requests	🟢
0	LADO referrals completed	-
3	PiPoT referrals received	🔴
2	Sexual safety incidents	🔴

Doncaster PLM Referrals:

170 New referrals to PLM 🔴
Oct 35 / Nov 73 / December 62

Bassetlaw PLM Referrals:

39 New referrals to PLM 🟢
Oct 10 / Nov 16 / December 13

Out of Area PLM Referrals:

Out of area referrals = 5 🔴
October 2 / November 0 / December 3

35 🟢

Safeguarding Adults *allegations*

against the trust (received from the Local Authority)

Top 3 themes

for Safeguarding Adults allegations against the Trust:

1. Discharge - No Care provision on discharge
2. Discharge - Information sharing
3. Care Received at DBTH

Safeguarding Children

- 1 Serious Incident Notification for Doncaster
- 1 Serious Incident Notification for Nottinghamshire
- 1 Rapid Reviews conducted for Doncaster
- 1 Rapid Review conducted for Nottinghamshire
- 2 Ongoing Child Safeguarding Practice Reviews for Doncaster
- 3 Ongoing Child Safeguarding Practice Reviews for Notts

1 2 3 Top 3 Themes: 1 2 3

For child referrals

1. Neglect
2. Domestic Abuse
3. Child Mental Health

For adult referrals

1. Self-neglect
2. Financial
3. Neglect

For unborn referrals

1. Previous social care
2. Domestic Abuse
3. Parental Substance Misuse

557 Safeguarding Liaison Meetings were held across DBTH

DBTH Safeguarding Training	Current Trust compliance	Increase or Decrease from previous quarter?
Safeguarding Adults Level 1 (via SET)	93.07%	U
Safeguarding Adults Level 2	93.04%	U
Safeguarding Children Level 1 (via SET)	93.01%	U
Safeguarding Children Level 2	92.71%	U
Safeguarding Children Level 3	83.25%	U
Safeguarding Adults Level 3	12.17%	U
Basic PREVENT awareness (via SET)	95.18%	U
Mental Capacity Training	85.74%	U
Safeguarding Supervision	30.22%	U
Understanding Sexual misconduct	94.57%	U

Key Achievements:

✓	Two presentations at the Trust Grand Rounds. Subjects covered Domestic Abuse and MCA.
✓	MCA Forms 1 and 2 live on Nerve centre
✓	Links established with Prison leads in Doncaster
✓	Contribution to Abduction policy
✓	Mental Capacity QR code on the home screen to link to HIVE resources
✓	Pathway with Notts local authority to implement alerts to records of young people assessed as 'at risk' of exploitation for Nottingham – DBTH are the first health organisation to embed this (process already in place for Doncaster young people).
✓	Sexual Safety Assurance review completed



Looking forward priorities:

1 Safeguarding Training and Supervision compliance	2 Embedding PiPoT/LADO processes
3 Continuing visibility of the Safeguarding Team	4 Embedding CP-IS across DBTH
5 Engagement of Medical colleagues in use and documentation of MCA principles	



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DoLs - Deprivation of Liberty Safeguards	CP-IS - Child protection information sharing
PLM - Pregnancy Liaison Meeting	PiPoT - Person in Position of Trust

14 FGM notifications
6 FGM-IS completed
female births only

4 Additional Domestic Abuse Champions were enlisted by the DA Liaison officers (total now for the Trust is 399)

3 Domestic Abuse Champions updates provided by the liaison officers

5 SAR requests

7 Ongoing SARs **2** NOTTS SARS non mandatory and not known to DBTH.

2 DARDR requests

10 DARDRs Ongoing

FGM

Risk assessments completed
All risks assessments are on track to be completed by 16 weeks gestation.

15

2 H We PE
Box sets provided for families

Referrals

18	Referrals were made to the Doncaster Domestic Abuse Hub (Domestic Abuse - standard/medium risk referrals to community services)	🟢
4	Domestic Abuse Nottinghamshire	🟢
1	Domestic Abuse Out of Area	-
34	Referrals were rated at high risk and heard at MARAC Doncaster 25 / Bassetlaw 7 / Out of Area 2	🟢
137	Referrals from DBTH to children's Social Care	🟢
77	Unborn referrals from DBTH to Children's Social Care	🔴
212	Referrals made from DBTH to Safeguarding Adults Hub/MASH	🟢
299	DoLS applications made to the relevant Local Authority	🟢
1	DoLS applications authorised by the relevant Local Authority	-
0	PREVENT referral made	🔴
2	PREVENT Information Sharing Requests	🔴
0	Referral from LADO to DBTH	-
7	PIPoT referrals completed	🟢
6	Sexual safety incidents reported by Datix	🟢

Doncaster:	Bassetlaw:	Out of Area:
193 New referrals to PLM 🟢	56 New referrals to PLM 🟢	12 Out of area referrals to PLM 🟢
Jan 60 / Feb 72 / March 61	Jan 22 / Feb 15 / March 19	

30

Safeguarding Adults
allegations against the trust (received from the Local Authority).

Top 3 themes for Safeguarding Adults allegations against the Trust:

1. Discharge - equipment and information sharing concerns
2. Communication - changes to care/medications
3. Neglect - Practice concerns

Safeguarding Children

- 0 Serious Incident Notification for Doncaster
- 2 Serious Incident Notification for Nottinghamshire
- 0 Rapid Reviews conducted for Doncaster
- 2 Rapid Review conducted for Nottinghamshire
- Ongoing Child Safeguarding Practice Reviews for Doncaster
- Ongoing Child Safeguarding Practice Reviews for Nottinghamshire

1

2

3

Top 3 Themes:

1

2

3

For child referrals

1. Neglect
2. Domestic Abuse
3. Child Mental Health

For adult referrals

1. Self-neglect
2. Neglect
3. Physical Abuse

For unborn referrals

1. Domestic Abuse
2. Previous/Current Social Services
3. Neglect

889 Safeguarding Liaison Meetings were held across DBTH

Adult - DRI 388 BDGH 63 MMH 43

Children's - DRI 291, BDGH 104

DBTH Safeguarding Training	Current Trust Compliance	Increase or Decrease from previous quarter?
Safeguarding Adults Level 1	86.75%	U
Safeguarding Adults Level 2	91.90%	U
Safeguarding Children Level 1	86.92%	U
Safeguarding Children Level 2	91.93%	U
Safeguarding Children Level 3	81.58%	U
Safeguarding Adults Level 3	28.79%	U
Basic PREVENT awareness (via SET)	90.44%	U
Mental Capacity Training	87.42%	U
Safeguarding Supervision	39.25%	U
Understanding sexual misconduct	95.37%	U

Key Achievements:

- ✓ Healthcare People Management Association Sexual Safety National Presentation
- ✓ Digital FGM Form
- ✓ Domestic Abuse Grab Packs launched in DRI ED on 25.03.2026
- ✓ Adhoc Adult Case review sessions with Ward 19 now complete – positive feedback received
- ✓ Positive Feedback from Domestic Abuse Survey
- ✓ Mental Capacity risk rating reduction
- ✓ Bespoke Safeguarding Children training delivered to Junior Doctors in ED

Looking forward priorities:

- ④ Safeguarding Training and Supervision compliance
- ④ Embedding PiPoT/LADO processes
- ④ Continuing visibility of the Safeguarding Team
- ④ Embedding CP-IS across DBTH
- ④ Engagement of Medical colleagues in use and documentation of MCA principles



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PLM - Pregnancy Liaison Meeting	

Appendix 6 – Sexual Safety Assurance Framework summary

Sexual Safety Assurance – DBTH – 2025		
Principle statement	RAG	Outstanding requirements
1. We will actively work to eradicate sexual harassment and abuse in the workplace.	Green	
2. We will promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.	Green	
3. We will take an intersectional approach to the sexual safety of our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.	Orange	Requirement needed to RAG as Green: - Feedback mechanism from EDI groups to working group to be confirmed.
4. We will provide appropriate support for those in our workforce who experience unwanted inappropriate and/or harmful sexual behaviours.	Green	
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour	Green	
6. We will ensure appropriate, specific, clear policies are in place. They will include appropriate and timely action against alleged perpetrators.	Green	
7. We will ensure appropriate, specific, clear training is in place	Orange	Requirement needed to RAG as Green: - Evidence of awareness raising sessions
8. We will ensure appropriate reporting mechanisms are in place.	Orange	Requirement needed to RAG as Green: -Clarity on reporting mechanisms for EDI themes and Learners
9. We will take all reports of sexual misconduct seriously, and appropriate and timely action will be taken in all cases.	Green	
10. We will transparently capture and share data on the prevalence of sexual misconduct and staff experience of sexual misconduct	Green	

- TOR completed and will report to SSG.
- Proposed twice yearly update – will be added to forward schedule for SSG.