East Suffolk and North Essex NHS Foundation Trust

Board of Directors

Report Summary

Date of meeting: 02 July 2026	
Title of Document: Safeguarding Families and Complex Health Annual Report	
To be presented by: Catherine Morgan, Chief Nurse	**Author: Tara brown**
1. Status: **For Information and approval**	
2. Purpose: To provide an executive summary of the Safeguarding Families and Complex Health annual report.	
Relates to:	
Strategic Objective	Include the relevant objective/all – • **Improving health:** not just treating illness, moving from treatment to prevention. • **Joined up care:** integration and community-based delivery. • **Excellent care:** improved outcomes, increasing personalisation and co-production. • **Developing staff:** supporting our teams and building for the future. • **Using technology to improve care:** digital, technology and innovation – shifting from analogue to digital care.
Operational performance	This summary is to assist the Quality and Patient Committee with understanding the key themes arising in 2025/2026 in relation to safeguarding and complex health.
Quality and equality impact	The annual report demonstrates an ongoing focus to ensure that staff across ESNEFT are supported to undertake duties in relation to safeguarding and support use of least restrictive interventions. Work continues to strengthen safeguarding systems and governance; there continues to be scope to improve understanding through Epic once functions to enable reporting are in place. Training and education facilitated by the team enable a better targeted response to vulnerable groups, in order to reduce health inequalities and deliver equitable care. There continues to be risks and inequality impacts for some individuals with complex health needs, these are highlighted through prolonged waits in ED, over representation in restrictive intervention data, use of legal frameworks and learning from lives of people with LD&A.
Legal, Regulatory, Audit	This report supports sharing of information with the board in respect of the use of legal frameworks including MCA, DoLS and the MHA. Reporting in relation to the use of restraint and other restrictive interventions supports the Board to understand how work is being undertaken to ensure least restrictive practice and processes in line with the Use of Force Act.

Finance	As the ICB changes are initiated there will need to be a review of the impact of the changing functions and responsibilities in relation to Safeguarding. Key responsibilities are being transferred to provider organisations which will result in impact upon team capacity. There is currently an independent review being undertaken in relation to provision of safeguarding services across ESNEFT.
Governance	The report details priorities for the Safeguarding and Complex Health service in relation to ongoing governance to identify and understand practice and areas of need.
NHS policy/public consultation	N/A
Accreditation/Inspection	N/A
Anchor institutions	N/A
ICS/ICB/Alliance	N/A
Board Assurance Framework (BAF) Risk	N/A
Other	

Summary:

- Safeguarding demand remained consistently high across 2025/26. Patient acuity and vulnerability were driving factors. Following the roll out of Epic there was a reduction in safeguarding referrals being raised, likely as a result of process changes.
- Domestic abuse is a safeguarding theme which requires ongoing focus as reporting is not reflective of the likely extent or need. Targeted training will continue and the new Safeguarding Champion roles will support on-going work.
- Statutory safeguarding activity for children increased, with Section 17/47 work and child protection medicals peaking in Q4, placing sustained pressure on safeguarding capacity and requiring cross-site mitigation.
- Safeguarding supervision uptake remains low across maternity and paediatric services. This has largely reflected workforce and operational pressures; action will be undertaken to review current supervision models and understand barriers for staff in engaging with supervision
- Mandatory safeguarding training compliance is strong (>90%), though Level 3 compliance dipped mid-year in high-pressure areas with partial recovery by Q4 following escalation and targeted action.
- Use of the MCA and DoLS increased significantly, reflecting inpatient complexity; application volumes provide legal compliance assurance, but documentation quality remains an unresolved risk requiring continued Divisional and Board oversight.
- Mental health demand and acuity rose across the year, peaking in Q3–Q4, with increased reliance on EToC linked to restrictive eating, suicide and self-harm and violence and aggression risks. Delays in onward care remain an issue in Colchester Hospital.
- Restrictive intervention governance improved, with reduced physical and mechanical restraint, no mechanical restraint in Q4, earlier EToC step-down, reduced security use and improved legal framework compliance following specialist role investment and development of Bures Ward to enable clinically focused care.

4. Recommendations / Actions

1. Safeguarding referrals have increased and are back to being in line with the previous years' reporting. There continues to be frequent contact with the safeguarding team for support in accessing the forms within Epic; this is to be expected given it is a new system. The team have started to collect data in relation to this to identify if the issue resolves as teams become more familiar with the system or if there will be a need for

further guidance for staff in clinical areas.

2. DASH training (domestic abuse, stalking and harassment) has been delivered to teams across Colchester Hospital site to increase awareness of how to support patients presenting with potential domestic abuse related issues. The team is monitoring the impact this has in relation to referrals made in order to understand the impact of the training.
3. There is currently an independent review being undertaken in relation to how the safeguarding service is delivered across ESNEFT. This is timely given changes to the ICB and likely increased requirements for health providers in undertaking some safeguarding duties.
4. A questionnaire has been developed and will be disseminated in early June to teams to support identification of barriers to staff accessing safeguarding supervision. Learning from this will enable tailoring of safeguarding supervision in line with expectations and clinical staff need.
5. All ward sisters, charge nurses and matrons working in predominantly adult areas are now required to attend a 3-hour training session to enable understanding of safeguarding children. Site matrons have been mapped to undertake safeguarding children level 3 training. These changes were agreed following the audit in relation to 16 and 17 year olds on adult wards and will support heightened awareness of safeguarding children concerns.
6. In June 2026 a process was implemented across the Trust to identify how well staff have maintained understanding of identifying and responding to safeguarding concerns. This involves all teams being asked to identify 10 random staff to complete an anonymous “quiz” to test knowledge and understanding. The results will facilitate feedback to areas to highlight positive outcomes and tailor support where there maybe recurring gaps in understanding.
7. In early June 2026 the Supreme Court announced a change in law in relation to Deprivation of Liberty safeguards (DoLS). This change is immediate and will require a change in practice as a result of valid consent to remain in hospital being no longer consider to be reliant on capacity to consent. Official guidance has yet to be shared but preparatory work is under way to support steps which will need to be undertaken to ensure practice is in line with the changes in law. This will result in a reduction in the number of patients who are subject to DoLS.
8. The complex health team in Colchester have effectively worked alongside Bures Ward to ensure that patient’s subject to enhanced therapeutic observations and care (EToC) have robust clinical review and safety planning. This model will be replicated in Ipswich Hospital from July when Bures Ward becomes operational on site. The team also continue to provide a program of training to support better understanding of responsibilities in relation to restrictive interventions..
9. A collaborative project was undertaken with Colchester ED and EPUT in 2025/2026 to support better partnership working and effective approaches to care of people who attend ED with a mental health crisis. This continues to be evaluated. Work will commence in June 2026 on both sites with ED leads and mental health partners as part of a NHSE GIRFT project to identify delays when people with mental health needs present to ED to inform local and national policy to support improvement.
10. Nationally, the process for learning from lives and deaths of people with learning disabilities (LeDER) has reduced and changed. Our ICBs are supporting ongoing learning across systems but this has involved stopping of processes in Suffolk. Work is being undertaken with LD&A specialists within ESNEFT to implement processes to ensure that learning from incidents and patient care is maintained to support improved clinical outcomes.
11. The Dementia specialists are maintaining focus in line with Trust priorities and working with partners to review practice and available resources. In 2026/27 there will continue to be a focus on completion and use of This is Me to support personalized and familiar care; the team will evaluate the effectiveness.