

# **Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework**



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Updated: August 2019

First published: March 2013

Publishing Approval Reference: 000392

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# 1 Foreword

Dear colleagues,

It gives me great pleasure to present the first joint NHS England and NHS Improvement Safeguarding Accountability and Assurance Framework (SAAF). This framework builds on its predecessor by strengthening the NHS commitment to promoting the safety, protection and welfare of children, young people and adults.

This framework has been developed in partnership with other arm's length and professional bodies. It is intended to clarify the roles and responsibilities of those we work with in a system that is developing rapidly. In addition, it provides the flexibility needed at local level to support professional practice and the partnerships needed to promote healthy behaviours to keep individuals and communities safe from harm.

I would like to take this opportunity to thank all those who have contributed to the development of the revised SAAF and all who work with passion and professionalism to safeguard the health and wellbeing of the most vulnerable and at risk.

Ruth May  
Chief Nursing Officer, England

## 2 Introduction

This document replaces *Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework* issued by the NHS Commissioning Board in July 2015. This section gives an overview of the importance of this document, which we now refer to as the Safeguarding Accountability and Assurance Framework (SAAF).

### 2.1 Purpose of the document

The purpose of this document is to set out clearly the safeguarding roles and responsibilities of all individuals working in providers of NHS funded care settings and NHS commissioning organisations. This SAAF aims to:

- identify and clarify how relationships between health and other systems work at both strategic and operational levels to safeguard children, young people and adults at risk of abuse or neglect;
- clearly set out the legal framework for safeguarding children and adults as it relates to the various NHS organisations, in order to support them in discharging their statutory requirements to safeguard children and adults;
- outline principles, attitudes, expectations and ways of working that recognise that safeguarding is everybody's business and that the safety and well-being of those in vulnerable circumstances are at the forefront of our business;
- identify clear arrangements and processes to be used to support practice and provide assurance at all levels, including NHS England and NHS Improvement Board, that safeguarding arrangements are in place.
- promote equality by ensuring that health inequalities are addressed and are at the heart of NHS England's values.

This framework aims to provide guidance and minimum standards but should not be seen as constraining the development of effective local safeguarding practice and arrangements in line with the underlying legal duties. The responsibilities for safeguarding form part of the core functions for each organisation and must therefore be discharged within agreed baseline funding.

Throughout the development of this document we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.
- Given regard to the need to reduce inequalities between patients in access to and the experience of and outcomes from healthcare services, and in securing that services are provided in an integrated way where this might reduce health inequalities.

## 2.2 Scope

Effective safeguarding arrangements seek to prevent and protect individuals from harm or abuse, regardless of their circumstances. In the UK, the foundations of safeguarding legislation are held within the [United Nations Convention on the Rights of the Child](#) for children, and for adults, the [European Convention on Human Rights](#) and to that effect, must underpin core business. The arrangements set out within this SAAF will apply whenever a child, young person or adult at risk, is at risk of abuse or neglect, regardless of the source of that risk.

This framework has been structured to identify where there are core duties across the lifespan of safeguarding and also to identify where there are unique functions specific to children, young people transitioning into adults, children in care and adults.

This framework will be updated annually to reflect pending legislative reforms currently in parliament.

## 3 Legislation and mandatory reporting

Responsibilities for safeguarding are enshrined in international and national legislation. Safeguarding for both children and adults has transformed in recent years with the introduction of new legislation, creating duties and responsibilities which need to be incorporated into the widening scope of NHS safeguarding practice. Regardless of the developing context, all health organisations are required to adhere to the following arrangements and legislation.

Legislation for all		
<a href="#">The Crime and Disorder Act 1998</a> <a href="#">Female Genital Mutilation Act 2003</a> <a href="#">Mental Capacity Act 2005</a> <a href="#">Convention on the Rights of Persons with Disabilities 2006</a> <a href="#">Mental Health Act 2007</a> <a href="#">Children and Families Act 2014</a> <a href="#">Modern Slavery Act 2015</a> <a href="#">Serious Crime Act 2015</a>		
Safeguarding legislation specific to children	Safeguarding legislation specific to young people transitioning into adults, including children in care	Safeguarding legislation specific to adults
<a href="#">United Nations Convention on the Rights of the Child 1989</a>		
<a href="#">Children Act 1989</a> and <a href="#">2004</a>		<a href="#">The Care Act 2014</a>
<a href="#">Promoting the Health of Looked After Children Statutory Guidance 2015</a>		
<a href="#">Children and Social Work Act 2017</a>		<a href="#">Care &amp; Support Statutory Guidance- Section 14 Safeguarding</a>

<a href="#"><u>Working Together to Safeguard Children Statutory Guidance 2018</u></a>		
<a href="#"><u>Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff 2019</u></a>	<a href="#"><u>Looked After Children: Knowledge, skills and competences of health care staff 2015</u></a>	<a href="#"><u>Adult Safeguarding: Roles and Competencies for Health Care Staff 2018</u></a>

### 3.1 Safeguarding – the context

Safeguarding is firmly embedded within the core duties of all organisations across the health system. However, there is a distinction between providers’ responsibilities to provide safe and high-quality care, and commissioners’ responsibilities to assure themselves of the safety and effectiveness of the services they have commissioned.

The context of safeguarding continues to change in line with societal risks both locally and nationally, large scale inquiries and legislative reforms.

Fundamentally, it remains the responsibility of every NHS-funded organisation, and each individual healthcare professional working in the NHS, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied; the well-being of those children and adults is at the heart of what we do.

Every NHS funded organisation needs to ensure that sufficient capacity is in place for them to fulfil their statutory duties; they should regularly review their arrangements to assure themselves that they are working effectively. Organisations need to co-operate and work together within new demographic footprints to seek common solutions to the changing context of safeguarding and developing structural landscape needed to deliver the [NHS Long Term Plan \(LTP\)](#).

### 3.2 Disclosure and barring service

The statutory scheme for vetting people working with children, families and adults is administered by the [Disclosure and Barring Service \(DBS\)](#). This system provides checks on people entering the workforce and maintains lists of individuals who are barred from undertaking regulated activity with children and adults. It is however only a snapshot of intelligence that is known at the time of the check. A satisfactory DBS check does not guarantee that the employee does not pose a risk. Following the [Lampard Inquiry 2015](#) recommendations were made that all NHS trusts must undertake DBS checks on their staff and volunteers.

Providers must refer to Schedule 3 of the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) which stipulates what information is required for people employed or appointed for the purpose of regulated activity.

### 3.3 Fit and proper persons tests

There are two ‘fit and proper’ persons tests that are separated within the Health and Social Care Regulations:

[Regulation 19](#) - Which outlines the requirements for the fit and proper persons test for persons employed.



[Regulation 5](#) - Which outlines the requirements for Directors to be fit and proper persons.

### **3.4 Duty of candour**

Safeguarding requires openness, advocacy, transparency and trust. The publication of the [Francis Inquiry report](#) recommended that a statutory duty should be introduced for healthcare providers to be open with people when things go wrong; this [Duty](#) is regulated by the Care Quality Commission (CQC).

The duty of candour is triggered by a 'notifiable safety incident', for any 'unintended or unexpected incident that has occurred in respect of all service users during the provision of a regulated activity'. A safeguarding incident might be as a result of a clinical procedure or practice that could have contributed to death, physical or psychological harm.

### **3.5 Information sharing**

Robust information-sharing is at the heart of safe and effective safeguarding practice. Information sharing is covered by legislation, principally the General Data Protection Act 2018 (GDPR) and the Data Protection Act 2018. The GDPR and the Data Protection Act 2018 introduce new elements to the data protection regime, superseding the Data Protection Act 1998. Practitioners must have due regard to the relevant data protection principles which allow them to share personal information. The GDPR and Data Protection Act 2018 place greater significance on organisations being transparent and accountable in relation to their use of data. All organisations handling personal data need to have comprehensive and proportionate arrangements for collecting, storing, and sharing information. The GDPR and Data Protection Act 2018 do not prevent, or limit, the sharing of information for the purposes of keeping children, young people and adults safe.

Professionals should refer to specific advice from their professional body regarding information sharing, for instance, the General Medical Council's (GMC's) [Ethical Guidance for Child Protection](#) or section 5 of the [NMC Code 2015](#). There is a requirement for professionals to contribute, participate and share information for the purpose of statutory reviews, please see [Section 4.6](#) for more information.

Such guidelines are further supported by the [Caldicott Principles](#), updated in 2017. Principle Seven states that the duty to share information can be as important as the duty to protect patient confidentiality. It is crucial to understand that sharing information, when there is a need to share it, and a lawful basis for doing so, and maintaining its security and confidentiality, are compatible activities.

#### **3.5.1 Information sharing specific to safeguarding children**

Information must be shared to protect children, or to prevent or detect a crime. In addition, there are some specific statutory provisions that will require information sharing, for example relating to the operation of local safeguarding children's partnerships and relating to the statutory vetting and barring process for staff.

### **3.5.2 Information sharing specific to young people**

A child may be safeguarded and protected under the [Children Act 1989](#) until their 18th birthday. However, medical consent, mental capacity, and consent to sexual activity, are lawful from the age of 16. A Gillick Competency Assessment may be used to determine a child's capacity to consent to medical treatment or intervention before the age of 16. The Assessment was designed to test whether a young person prior to their 16th birthday, had sufficient capacity, without parental intervention, to make decisions regarding their own medical treatment. [The Fraser Guidelines](#) were developed specifically in relation to consent for contraceptive or sexual health advice and treatment. Child protection procedures should always be instigated however when child exploitation is suspected, even if the child or young person is deemed competent.

### **3.5.3 Child protection - information sharing (CP- IS)**

The [Child Protection Information Sharing](#) (CP-IS) programme is linking the IT systems used across health and social care to securely share basic information via a child's NHS number for children and unborn children who are subject to Child Protection Plans or Children in Care. It is endorsed by the Care Quality Commission (CQC) and is included in the key lines of enquiry during CQC inspections. It is also included in the [2019 NHS Standard Contract](#) for providers of NHS unscheduled care. This programme will be moving into its second phase in 2019 and will include NHS scheduled care settings.

### **3.5.4 Information sharing specific to adults**

Information should be shared to help protect an adult who may be subject to or potentially at risk of harm or abuse, or to prevent or detect a crime. In addition, there are some specific statutory provisions for sharing information in relation to the operation of the local Safeguarding Adult Board (SAB).

### **3.5.5 Female genital mutilation (FGM)**

[Female Genital Mutilation Act 2003](#) (as amended by the [Serious Crime Act 2015](#)) stipulates the mandatory reporting of FGM. The legislation requires regulated health and social care professionals and teachers in England and Wales to make a report to the Police where, in the course of their professional duties, they either:

- are informed by a girl under 18 that an act of FGM has been carried out on her; or
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth.

### **3.5.6 Allegations against staff involving child abuse - Local Authority Designated Officer**

[Working Together to Safeguard Children](#) stipulates that information must be shared with the Local Authority Designated Officer (LADO) where it is considered that a

member of health staff poses a risk to children or might have committed a criminal offence against one or more children.

### **3.5.7 Allegations against staff involving abuse or neglect - adults**

It is a requirement of the Care Act 2014 that SABs should establish and agree a framework and process for any organisation to respond to allegations against anyone who works (in either a paid or an unpaid capacity) with adults with care and support needs. These individuals are known as People in a Position of Trust (PiPoT). That framework and process applies to all the SABs partner agencies including health, so that the SAB responds appropriately to allegations. Where there is an allegation that a member of staff in a CCG or primary care services has abused or neglected an adult in their personal life, the designated professional for safeguarding adults in the CCG should be informed.

## **4 Roles and responsibilities**

Safeguarding children and adults at risk of abuse or neglect is a collective responsibility. All employees are reminded of their professional duty of care as a registrant regardless of which NHS contract is used to deploy the functions they work too. This section provides greater clarity around the individual roles and responsibilities within the system. These are summarised and mapped to the health commissioning system in Appendix I.

### **4.1 NHS England**

NHS England's safeguarding role is discharged through the Chief Nursing Officer (CNO), who has a national safeguarding leadership role. The CNO is the Lead Board Executive Director for Safeguarding and has a number of forums through which assurance and oversight is sought. The system wide National Safeguarding Steering Group (NSSG) coordinates these forums and gains assurance on behalf of the CNO. See Appendix I for more information.

### **4.2 NHS Improvement**

NHS Improvement (NHSI) is responsible for overseeing foundation trusts and NHS trusts, as well as directly commissioned independent providers that provide NHS-funded care. Providers are supported to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, NHSI helps the NHS to meet its short-term challenges and secure its future.

It is worth noting at the time of writing this SAAF, NHS England and NHS Improvement were transitioning to come together to act as a single organisation.

### **4.3 Health and care providers**

#### **4.3.1 Provider leadership**

Health providers are required under statute and regulation to have effective arrangements in place to safeguard and promote the welfare of children and adults at risk of harm and abuse in every service that they deliver. Providers must demonstrate safeguarding is embedded at every level in their organisation with effective governance

processes evident. Providers must assure themselves, the regulators, and their commissioners that safeguarding arrangements are robust and are working. These arrangements include:

- Identification of a named nurse, named doctor and named midwife (if the organisation provides maternity services) for safeguarding children. Identification of a named nurse and named doctor for looked after children/ children in care. Identification of a named lead for adult safeguarding and an MCA lead – this must include the statutory role for managing adult safeguarding allegations against staff. In the case of ambulance trusts, this could be a named professional from any relevant health professional background.
- Safe recruitment practices and arrangements for dealing with allegations against staff.
- Provision of an Executive Lead for safeguarding children, adults at risk and Prevent.
- An annual report for safeguarding children to be submitted to the trust board.
- A suite of safeguarding policies and procedures that support local multi-agency safeguarding procedures.
- Effective training of all staff commensurate with their role and in accordance with the [Intercollegiate Document for Safeguarding Children](#), [Intercollegiate Documents for Looked after Children](#) and the [Intercollegiate Document for Safeguarding Adults](#).
- Safeguarding must be included in induction programmes.
- Providing effective safeguarding supervision arrangements for staff, commensurate to their role and function (including for named professionals).
- Developing an organisational culture where all staff are aware of their personal responsibilities for safeguarding and information sharing.
- Developing and promoting a learning culture to ensure continuous improvement.
- Policies, arrangements and records to ensure consent to care and treatment is obtained in line with legislation and guidance such as the [Mental Capacity Act 2005](#).

#### **4.4 Named professionals**

Named professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding supervision and training is in place. Named professionals should also attend regular supervision sessions. They should work closely with their organisation's safeguarding lead, designated professionals in the CCGs and the local safeguarding children's partnership and SABs.

This SAAF recognises the critical role that maternity services play with regards to safeguarding and the Think Family agenda. From work with the maternity transformation programme, NHS Safeguarding has a newly established national network of Named Safeguarding Midwives who will provide system leadership and oversight on maternity through a contextual safeguarding lens.

#### **4.4.1 Mental Capacity Act Lead**

All NHS providers are required to have an MCA Lead. This role is responsible for providing support and advice to clinicians in individual cases, and supervision for staff in areas where these issues may be particularly prevalent and/or complex. They should also have a role in highlighting the extent to which their own organisation is compliant with the MCA through undertaking audit, reporting to the governance structures and providing training. GP practices are required to have a lead for safeguarding and MCA, who should work closely with named GPs and the Adult Safeguarding Lead.

#### **4.5 CCGs and other place based system leadership**

Currently, CCGs are responsible in law for the safeguarding element of services they commission. As commissioners of local health services, CCGs need to assure themselves that organisations from which they commission have effective safeguarding arrangements in place. It is worth acknowledging the changing landscape of place-based system leadership with the introduction of Integrated Care Systems (ICSs) and Primary Care Networks (PCNs). Safeguarding must be considered in these new integrated systems, however, currently the responsibility to provide safeguarding services still sits with CCGs.

CCGs need to demonstrate that their designated experts (for children, children in care and adults), are embedded in the clinical decision-making of the organisation, with the authority to work within local health economies to influence local thinking and practice and the capacity to do so.

The NHS Long Term Plan states that ICSs will have a key role in working with LAs at 'place' level. Through ICSs, commissioners will make shared decisions with providers on population health, service redesign and Long Term Plan implementation. PCNs will be at the centre of these ICSs; building on the core of current primary care services enabling greater provision of proactive, personalised, coordinated and more integrated health and social care systems.

Integral to the development of these networks is the support, guidance and peer review that can be provided for safeguarding children, children in care, adults at risk and for the development of robust Mental Capacity Act processes. Local safeguarding leaders must work in collaboration with their local ICS, PCN and GPs to ensure safeguarding and Mental Capacity Act legal requirements are integral to their networks.

CCGs are required to undertake regular capacity reviews to ensure that there is sufficient safeguarding expertise available via the designated professionals. The requirements for CCG designated capacity are outlined in the Intercollegiate Documents which are built upon the legislative requirements for safeguarding - [Intercollegiate Document for Safeguarding Children](#), the [Intercollegiate Documents for Looked after Children](#) and the [Intercollegiate Document for Safeguarding Adults](#).

It is crucial that designated safeguarding professionals play an integral role in all parts of the commissioning cycle, from procurement to quality assurance, if appropriate services are to be commissioned that support children, young people and adults at risk of abuse or neglect, as well as effectively safeguarding against abuse and neglect.

Safeguarding forms part of the NHS Standard Contract ([Service Condition 32](#)) and commissioners will need to agree with their providers, through local negotiation, what

contract monitoring processes are used to demonstrate compliance with safeguarding duties. These will be measured using the Safeguarding Commissioning Assurance Toolkit (Safeguarding CAT) which is due to be prototyped in specific regions by August 2019. See [section 5.3](#) NHS England assurance of CCGs for more information.

CCGs must gain assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement. Assurance may consist of assurance visits, Section 11 audits, SAB audits and attendance at provider safeguarding committees.

CCGs are also required to demonstrate that they have appropriate systems in place for discharging their statutory duties in terms of safeguarding. These include:

- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements, i.e. a named executive lead to take overall leadership responsibility for the organisation's safeguarding arrangements.
- Clear policies setting out their commitment, and approach, to safeguarding, including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults, as appropriate.
- Training their staff in recognising and reporting safeguarding issues, appropriate supervision, and ensuring that their staff are competent to carry out their responsibilities for safeguarding.
- Equal system leadership between LA children's services, the police and the CCG is now required under the [Working Together to Safeguard Children Statutory Guidance 2018](#)
- Effective inter-agency working with LAs, the Police and third sector organisations, including appropriate arrangements to co-operate with LAs in the operation of safeguarding children's partnerships, Corporate Parenting Boards, SABs and Health and Wellbeing Boards.
- Ensuring effective arrangements for information sharing.
- Employing the expertise of designated professionals for safeguarding children, children in care, safeguarding adults and a designated paediatrician for Sudden Unexpected Deaths in Childhood (SUDIC).
- Effective systems for responding to abuse and neglect of adults.
- Supporting the development of a positive learning culture across partnerships for safeguarding adults, to ensure that organisations are not unduly risk averse.
- Working with the Local Authority to ensure access to community resources that can reduce social and physical isolation for adults.
- CCGs need to demonstrate that their designated professionals are involved in the safeguarding decision-making of the organisation, with the authority to work within local health economies to influence local thinking and practice.



- For children in care, CCGs have a duty to cooperate with requests from LAs to undertake health assessments and help them ensure support and services to looked-after children are provided without undue delay.
- CCGs should ensure that adult and children's services work together to commission and provide health services that ensure a smooth transfer for young people and children in care, including a planned period of overlap to avoid the abruptness of a sudden change in clinicians, culture, frequency of appointments and environment.

## **4.6 Statutory reviews**

All NHS agencies and organisations that are asked to participate in a statutory review must do so. The input and involvement required will be discussed and agreed in the terms of reference for the review. Broadly, this will involve meeting regularly with colleagues and attending panels or review group meetings throughout the investigative phase. All health providers, including GPs, are required to provide and share information relevant to any statutory death review process.

NHS England, via the designated professionals, may support panel chairs where lessons learned have wider implications and need co-ordinated national action, and/or where there are obstacles to full NHS participation that require a range of relationship, contractual and professional influences.

### **4.6.1 Rapid reviews**

The purpose of rapid reviews for serious child safeguarding cases, at both local and national level is to identify improvements to be made to safeguard and promote the welfare of children. Serious child safeguarding cases are those in which abuse or neglect of a child is known or suspected and the child has died or been seriously harmed.

The safeguarding partners should promptly undertake a rapid review of the case in line with any guidance published by the Child Safeguarding Practice Review Panel (the Panel). The aim of this rapid review is to enable safeguarding partners to:

- gather the facts about the case, as far as they can be readily established at the time,
- discuss whether there is any immediate action needed to ensure children's safety and share any learning appropriately,
- consider the potential for identifying improvements to safeguard and promote the welfare of children,
- decide what steps they should take next, including whether or not to undertake a child safeguarding practice review.

### **4.6.2 Child safeguarding practice review**

The responsibility for how the system learns the lessons from serious child safeguarding incidents lies at a national level with the Child Safeguarding Practice Review Panel (the Panel) and at local level with the local safeguarding children's partnerships. A child safeguarding practice review should be considered for serious child safeguarding cases where:

- abuse or neglect of a child is known or suspected,
- and a child has died or been seriously harmed.

This may include cases where a child has caused serious harm to someone else.

#### **4.6.3 Child Death Review (CDR)**

[Children Act 2004](#) requires CCGs and LAs (child death review partners) to make local arrangements to undertake statutory Child Death Review (CDR) processes. The CDR process relies on inter-agency cooperation and information sharing. These arrangements should result in the establishment of a Child Death Overview Panel (CDOP), or equivalent, to review the deaths of all children (under the age of 18 years and for all children regardless of the cause of death) normally resident in the relevant LA area, and if they consider it appropriate the deaths in that area of non-resident children. The review should then be carried out by a CDOP, on behalf of CDR partners, and should be conducted in accordance with [Child Death Review: Statutory and Operational Guidance 2018](#) and [Working Together to Safeguard Children Statutory Guidance 2018](#).

#### **4.6.4 Learning Disability Mortality Review (LeDeR) programme**

The Learning Disabilities Mortality Review (LeDeR) programme is run by the University of Bristol and commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England. It aims to make improvements in the quality of health and social care for people with learning disabilities, and to reduce premature deaths in this population.

The major role of the LeDeR programme is to support local areas in England to review the deaths of people with learning disabilities aged 4 years and over at the time of their death. All deaths will be reviewed, regardless of the cause of death or place of death, in order to:

- Identify potentially avoidable contributory factors to the deaths of people with learning disabilities.
- Identify differences in health and social care delivery across England and ways of improving services to prevent early deaths of people with learning disabilities.
- Develop plans of action to make any necessary changes to health and social care services for people with learning disabilities.

The [following document](#) describes how the LeDeR can interface with other mortality reviews such as the CDR. When notified of the death of a child or young person aged 4 -17 years who has learning disabilities or is very likely to have learning disabilities but not yet had a formal assessment for this, the local CDR Partners should report that death to the LeDeR programme. As stated in the [Child Death Review: Statutory and Operational Guidance \(2018\)](#) the CDR partners should then ensure that the LeDeR programme is represented at the meeting at which the death is reviewed.

#### **4.6.5 Domestic Homicide Reviews**

A Domestic Homicide Review (DHR) convened by the local community safety partnership, is a multi-agency review of the circumstances in which the death of a



person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by a person to whom they were related or with whom they were, or had been, in an intimate personal relationship, or a member of the same household as themselves.

#### **4.6.6 Safeguarding Adults Reviews**

Safeguarding Adult Reviews (SARs) are required under the Care Act and convened by a SAB when an adult has died from, or experienced, serious abuse or neglect, and there is reasonable cause for concern about how agencies and service providers worked together to safeguard the person, as per the [Social Care Institute for Excellence Quality Markers](#) .

#### **4.6.7 Other statutory reviews**

Mental health homicide reviews, multi-agency public protection arrangements (MAPPA), serious case reviews and learning disability mortality reviews are carried out under separate arrangements but may, depending upon the circumstances, need to link to a safeguarding statutory review. Such reviews may run parallel to LA safeguarding inquiries and Serious Incident investigations.

### **4.7 Parallel investigations**

At times, the safeguarding of children and/or adults in a health setting may feature in a wider multi-agency statutory review commissioned for other purposes, for example a DHR or a mental health investigation. In these circumstances, a separate safeguarding practice review may be deemed appropriate. NHS organisations should be prepared therefore, to share information and cooperate with the parallel practice review panel. Duplication of effort should be avoided where possible with each review informing the parallel process.

### **4.8 Designated professionals**

Designated professionals are experts and strategic leaders for safeguarding. As such they are a vital source of safeguarding advice and expertise for all relevant agencies and other organisations, but particularly to health commissioners in CCGs, the LA and NHS England, other health professionals in provider organisations, Quality Surveillance Groups (QSGs), regulators, the Safeguarding Children Partnership Arrangements, Corporate Parenting Boards, SABs and the Health and Wellbeing Board.

Where designated professionals (most commonly, designated doctors) continue to undertake clinical duties in addition to their designated safeguarding responsibilities, it is important that there is clarity about the two roles, particularly with regards to time and capacity to undertake designated duties. The CCG will require input into the job planning, appraisal and revalidation processes. Designated doctors may liaise with the Regional Medical Director on those occasions that need solely medical professional consideration.

Clear accountability and performance management arrangements are essential for designated professionals to prevent professional isolation and promote continuous improvement. Designated professionals are required to:

- To attend reflective/restorative supervision meetings regularly. These supervision meetings must be formally documented and should be professionally facilitated if possible.
- Have direct access to the CCG Executive (Board level) lead, to ensure that there is the right level of influence of safeguarding on the commissioning process. The CCG Accountable Officer (or other executive level nominee) should meet regularly with the designated professionals to review child, children in care and adult safeguarding in the local area.
- To coordinate practice reviews / learning reviews and management reviews on behalf of health commissioners. They are also responsible for quality assuring the health content and disseminating the lessons learnt.
- To provide expert advice to Health Education England (HEE) and Local Education and Training Boards.

#### **4.8.1 Designated professionals for children:**

- Will automatically qualify as members of the National Network for Designated Healthcare Professionals for Safeguarding Children (NNDHP). See [Appendix II](#) for further information. CCGs should support designated professionals to participate in NNDHP events, and particularly those designated professionals who have been elected as Network Regional Leads and National Officers.
- Must accompany their CCG members of the local safeguarding children partnerships to ensure up to date professional expertise is effectively linked into the local safeguarding arrangements.
- Must be consulted and able to influence at all points in the commissioning cycle from procurement to quality assurance. This will ensure that all services commissioned meet the statutory requirement to safeguard and promote the welfare of children.
- A designated doctor for child deaths must be a senior paediatrician, appointed by the CDR partners, who will take a lead in coordinating responses and health input to the CDR process, across a specified locality or region.

#### **4.8.2 Designated professionals for children in care:**

- Will advise commissioning bodies' on training needs and the delivery of training for all health staff across the health community including those GPs, paediatricians and nurses undertaking health assessments and developing plans for children in care.
- Will provide advice on monitoring of elements of contracts, service level agreements and commissioned services to ensure the quality of provision for children in care including systems and records to:
  - ensure the quality of health assessments carried out meet the required standard,
  - ensure full registration of each child in care – and all care leavers – with a GP and dentist and optometric checks undertaken,
  - ensure that sensitive health promotion is offered to all children in care and young people,
  - ensure implementation of health plans for individual children, and

- ensure an effective system of audit is in place.
- Will work with CCGs to ensure there are robust arrangements to meet the health needs of children in care placed outside the local area and ensure close working relationships with LAs to achieve placement decisions which match the needs of children.

#### **4.8.3 Designated professional for safeguarding adults:**

- Will automatically qualify as members of the virtual Safeguarding Adults National Network (SANN). See [Appendix III](#) for further information. CCGs should support designated professionals to participate in SANN events, and particularly those designated professionals who have been elected as Network Regional Leads.
- The designated professional will offer support and advice to the Board member responsible for adult safeguarding and ensure the regular provision of training to staff and Board of the CCG.
- The designated professional will have a broad knowledge of healthcare for older people, those with dementia, learning disabilities, mental health issues and/or care leavers. Including Deprivation of Liberty Safeguards (DoLS), Liberty Protection Safeguards (LPS) and Court of Protection work.
- Provide a health advisory role to the SAB, attending and supporting the CCG SAB member. To also take a lead for health in working with the SAB on safeguarding adult reviews, and to take forward any learning for the health economy.

#### **4.8.4 Designated MCA lead**

CCGs are required to have a designated MCA lead, responsible for providing support and advice to clinicians in individual cases, and supervision for staff in areas where these issues may be particularly prevalent and/or complex. They should also demonstrate how their own organisation, and the services that they commission, are compliant with the MCA through audits, effective reporting, and provision of appropriate training.

#### **4.8.5 Named GPs/named professionals**

Named GPs/ named professionals for children and adults have a key role in promoting good professional practice, providing advice and expertise to professionals, and ensuring appropriate safeguarding training is in place. Training, experience and qualification requirements for named GPs/named professionals are set out in the children's and adults intercollegiate documents and should be complied with. The named GP/named professional capacity commissioned locally needs to reflect local needs as set out within the Joint Strategic Needs Assessment (JSNA) and in discussion with local safeguarding boards/partnerships which will include, the population capacity per named GP session.

#### **4.8.5.1 Named GP for children's safeguarding**

- To provide specific expertise on child health and development, and on children who have been abused or neglected, as well as in the care of families in difficulty;
- To liaise with provider organisations and other partners e.g. local councils, on local primary care arrangements for safeguarding children;
- To promote, influence and develop relevant training for GPs and their teams
- To advise and support GPs in writing the general practice components of safeguarding children practice reviews and/or independent management reviews, Section 11 and other multi-agency audits

A role description specific to named GPs is found within the [RCGP/NSPCC Safeguarding Children Toolkit 2014](#) and a competency framework is set out in [Guidance and Competences for the Provision of Services Using Practitioners with Special Interests \(PwSIs\) Safeguarding Children and Young People](#).

On-going training and personal development for practitioners with a special clinical interest is important and will require supervision from the Designated Doctor for Child Safeguarding, specialist education as well as access to relevant peer support. It is crucial that if named GPs for safeguarding children are to fulfil their role effectively, they have a clear line of management accountability and responsibility with the designated doctor and CCG safeguarding lead.

#### **4.8.5.2 Named GP for adult safeguarding**

The role of a named GP in adult safeguarding is evolving but the principle function is to promote within General Practices the provision of effective primary care services to safeguard adults at risk and to improve their outcomes; to facilitate GPs and practice staff to understand their roles and fulfil their responsibilities towards the protection and safeguarding of adults. Other functions of a named GP for safeguarding adults include:

- To support and advise the CCG Governing Body board about safeguarding adults.
- To develop a role in quality monitoring and audit in terms of primary care performance in relation to safeguarding adults.
- To undertake the Independent Management Review (IMR) for General Practice when there is a SAR, as requested by the designated nurse for safeguarding adults and SAB.
- To work with designated professionals when learning lessons reviews related to General Practice and Primary Care are undertaken by the local SAB.

CCGs must secure the services of a named GP for adult safeguarding to ensure that primary care services can meet their obligations to both adults and children and support contextualised safeguarding.

## 5 Commissioning and assurance

### 5.1 NHS England

The general function of NHS England is to improve the health outcomes for all children, young people and adults at risk in England by promoting a comprehensive health service. NHS England discharges its responsibilities by:

- allocating funds to, guiding and supporting CCGs, and holding them to account;
- directly commissioning specialised health services, and health care services for those in secure and detained settings, and for serving personnel and their families, and some public health services.

#### 5.1.1 NHS England system leadership

NHS England ensures that the health commissioning system as a whole is working effectively to safeguard and promote the welfare of children, young people and adults. NHS England is the policy lead for NHS Safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. Its key duties are to:

- provide leadership support to safeguarding children, children in care and adult professionals – including working with HEE on education and training of both the general and the specialist workforce;
- ensure the implementation of effective safeguarding assurance arrangements and peer review processes across the health system, from which assurance is provided to the Board via the National Safeguarding Steering Group (NSSG);
- provide specialist safeguarding advice to the NHS;
- encourage a culture that supports staff in raising concerns regarding safeguarding issues;
- ensure that robust processes are in place to learn lessons from cases where someone has died or are seriously harmed, and abuse or neglect is suspected;
- ensure that NHS England teams are appropriately engaged in the local multi-agency safeguarding partnerships, SABs and Health and Wellbeing Boards to raise concerns about the engagement and leadership of the local NHS.

#### 5.1.2 NHS England support for safeguarding professionals

NHS England has also established safeguarding peer-groups and forums, with access to an online community of practice to support system leaders to:

- underpin system accountability through peer review-based assurance and other sources of intelligence, to identify local safeguarding improvements for children, children in care and adults;
- identifying and share good practice initiatives across the local health system;
- analysing the health implications of, and learning from, local incidents including practice reviews and individual management reviews and developing local action plans as appropriate;

- ensuring the commissioning of appropriate education and development for designated and specialist professionals, through engagement with the Local Education and Training Boards;
- maintaining an up-to-date risk register and an appropriate escalation mechanism.

## **5.2 NHS England - direct commissioning**

NHS England ensures that safeguarding duties are met in relation to the services that it directly commissions. NHS England is responsible for commissioning primary care, specialised services, health care services in justice, health services for armed forces personnel and their families, and some public health services.

### **5.2.1 Direct commissioning for young people transitioning into adults**

Joint commissioning procedures and partnership working standards will safeguard young people suffering from mental health disorders from sudden, unplanned withdrawal of child and adolescent mental health services (CAMHS) or refusals or delays by adult mental health provision to take up the mental health responsibility for young people, especially care leavers. Equity, accessibility and safeguarding are key transitional issues.

NHS England is responsible for the direct commissioning and assurance of health services and facilities for young people who are detained in secure accommodation or youth offender institutions (YOI). Transitional planning is important for young people transferring to adult offender institutions, to ensure that their health and development, mental health and care outcomes are equivalent to young people in the wider community.

The NHS England commitment to quality and health improvement and reducing health inequalities is vitally important for young people who have experienced adverse childhood experiences leading to reduced life chances.

Under the NHS Long Term Plan, NHS Safeguarding have secured funding for a programme of work to research the challenges facing children in care, critique the unwarranted variation of transition services and establish best practice guidance notes for the NHS and care system leaders. The NHS, together with safeguarding partners at a national and local level, will commit to improve outcomes for our most at risk children and young people.

## **5.3 NHS England assurance of CCGs**

NHS England has a statutory requirement to oversee assurance of CCGs in their commissioning role. This involves formal assurance reviews carried out quarterly, in line with the published framework and technical guidance. Safeguarding system leaders have co-developed the Safeguarding CAT (due to be prototyped in September 2019) to support all local commissioners to optimise the 2019 NHS Standard Contract. This toolkit will provide an element of assurance supported by other local and regional mechanisms with qualitative measures i.e. thematic learning from deaths/ peer review.



## **5.4 Local authority commissioning**

NHS England, via national membership networks and regional safeguarding leadership will support designated professionals and named professionals to have adaptive and collaborative conversations with LA commissioners to ensure that effective local safeguarding arrangements are in place.

As with all organisations which are subject to the Children Act 2004 Section 11 duty, LAs are responsible for ensuring that their staff receive appropriate supervision and support, including child safeguarding training. This applies to professionals delivering public health services commissioned by LAs.

The commissioning of public health services for children is undertaken by LAs. It includes sexual health services, school nursing services and health visiting and family nurse partnership services. These health services have an integral role in safeguarding children and young people, which should be clearly reflected within the relevant service specifications.

## **6 Regulators and safeguarding partners**

Regulation is an important element of the assurance and accountability arrangements in place across the health system. A number of organisations are involved, and their roles and remit are set out in brief below. Regulators are in place, and work at an individual and organisational level as well as looking across local safeguarding systems and assessing their effectiveness. Reports from regulators, as the independent watchdogs, provide an important source of intelligence. This is used alongside other internal information by NHS England in providing assurance (see Appendix I) on the effectiveness of safeguarding arrangements in local health systems.

All providers of health services are required to be registered with the CQC. In order to be registered, providers must ensure that those who use the services are safeguarded and that staff are suitably skilled and supported. This includes private healthcare providers.

### **6.1 Department of Health and Social Care (DHSC)**

The Department of Health and Social Care (DHSC) provides strategic leadership for public health, the NHS and social care in England. It sets the strategic direction for the NHS, based on outcomes, and holds it to account. DHSC assesses NHS England performance against the mandate, including the specific safeguarding elements. It also ensures that the health and care system work collaboratively through national groups.

DHSC convenes two specific safeguarding stakeholder groups, one for children and one for adults. Membership of these groups includes representatives from across government departments, regulators and arms' length bodies. Both of these groups set out safeguarding policy, hold partners to account for implementing that policy, and address specific national concerns.

## **6.2 Office for Standards in Education, Children’s Services and Skills (Ofsted)**

Ofsted inspects and regulates LA services which care for children and young people, and those providing education and skills for learners of all ages. Whilst many services inspected by Ofsted are not strictly within the health sector, there are many areas of overlap, for example where health professionals work within children’s services provided by the LA such as special needs schools. Ofsted regulation of multiagency safeguarding children partnerships has been influenced by the removal of local safeguarding children boards, the implementation of local multiagency arrangements, and the introduction of independent scrutiny.

### **6.2.1 Inspections of local authority children’s services (ILACS) framework**

In January 2018 Ofsted launched the ‘Inspection of Local Authority Children’s Services’ or ILACS, a flexible framework for inspecting children’s services for LAs. Under this system, intelligence and information is used to inform decisions about how best to inspect each LA. Joint Targeted Area Inspections (JTAs) are included in this system inspection.

### **6.2.2 Joint targeted area inspections (JTAs)**

Joint Targeted Area Inspections (JTAs), are carried out by Ofsted, HMI Constabulary and Fire & Rescue Services, the CQC, and HMI Probation. JTA assess how effectively agencies are working together in their local area to help and protect children.

## **6.3 Public Health England (PHE)**

Public Health England (PHE) has a range of public health responsibilities; it must protect and improve the health and wellbeing of the population and reduce inequalities in health and wellbeing outcomes. PHE specific safeguarding duties in relation to the front-line delivery of services to individuals and families relate to its delivery of health protection services. PHE has a named doctor and nurse for safeguarding. PHE liaise with NHS England to access local expertise and advice.

LAs are held to account for the public health duties that are transferred to them, through local management structures and Safeguarding Children’s Partnerships/SABs in the usual way.

PHE is responsible for supporting the on-going development of the public health workforce in LAs. It helps to inform commissioning of early years services and the on-going support and development of the children’s public health nursing workforce. This includes school nursing, health visiting and family nurse partnerships.

## **6.4 Care Quality Commission (CQC)**

The CQC’s regulatory function is split between three directorates, Adult Social Care, Primary Medical Services and Hospitals, with each having a Chief Inspector providing leadership. Their role is to register, monitor, inspect, rate and regulate health and social care services to ensure they meet fundamental standards of quality and safety. It carries out this role through:



- the checks it carries out during the registration process for all new care services;
- inspections;
- monitoring a range of data sources that can indicate problems with services.

The CQC speaks with an independent voice, publishing views on major quality issues in health and social care. It reports on how care has been delivered in England in the annual [State of Care](#) report and protects the rights of vulnerable people, including those restricted under the Mental Health Act. It also carries out special investigations and reviews into aspects of health and social care on behalf of Government.

The CQC role that is specific to safeguarding includes:

- Ensuring providers have the right systems and processes in place to make sure children, young people and adults are protected from abuse and neglect.
- Working with other inspectorates (Ofsted, HMI Probation, HMI Constabulary, HMI Prisons) to review how Health, Education, Police, and probation services work in partnership to help and protect children and young people and adults from harm.
- Holding providers to account and securing improvements, including through taking enforcement action.
- Working with local partners to share information about safeguarding.

#### **6.4.1 Child safeguarding and looked after children inspection programme**

Under section 48 of the [Health and Social Care Act 2008](#), inspections look at the quality and effectiveness of the arrangements that health care services have made to ensure children are safeguarded and how health services promote the health and wellbeing of looked after children and care leavers.

### **6.5 Professional regulatory bodies**

Health and social care professionals who work in England must be registered with at least one of the twelve professional regulatory bodies in the UK. These organisations regulate individual professions. In order to practise in health and/or social care, practitioners must be registered with the relevant regulatory body, and demonstrate that they have the appropriate skills, competencies and behaviours to meet the standards set out within the code of conduct or code of practice for their profession.

Each regulator maintains a public register of those registrants who have demonstrated that they have met the standards set. Should concerns regarding a registrant arise, regulatory bodies have the power to investigate complaints and if necessary can ensure remediation, or, withdraw or restrict a registrant's right to practice.

### **6.6 Quality surveillance groups**

Quality surveillance groups (QSGs) support the discharge of local accountabilities for quality and for sharing information and intelligence to improve quality and safety, with safeguarding quality as a recognised function. NHS England provides support and facilitation to Local and Regional QSGs. The key strength of the QSGs is that they draw together organisations with commissioning and regulatory roles to share their respective information and intelligence. Locally QSGs should link with designated professionals for safeguarding information and intelligence.

LA QSG representatives should be able to act as the ongoing link point between the QSG and their LA and liaise with safeguarding partnerships and boards, Health and Wellbeing Boards and overview and scrutiny committees.

## **6.7 Health Education England (HEE)**

HEE supports the delivery of excellent healthcare and health improvement to the patients and public of England. It ensures that the workforce has the right numbers, skills, values and behaviours, at the right time and in the right place. HEE has a mandate commitment to ensure that the principles of safeguarding are integral to education and training curricula for health professionals. This primarily focuses on influencing the pre-registration training provided for health professionals, and ensuring safeguarding is embedded into these programmes.

HEE provider-led local education and training boards (LETBs) are responsible for local health workforce development and education commissioning in their areas. These boards are responsible for developing their own training priorities to meet locally-identified needs, including safeguarding as appropriate. Commissioned training should be in accordance with the intercollegiate guidance and Safeguarding Children Partnership/SAB requirements.

## **6.8 Multi-agency safeguarding arrangements**

### **6.8.1 Safeguarding children partnerships**

The task of organising safeguarding arrangements is now shared by three partner agencies (LAs, Police, and CCGs). The [Children Act 2004](#) places a duty on those three agencies to establish Multi Agency Safeguarding Arrangements (MASA) for their local child population, with other relevant agencies as they deem appropriate. The partners must work together to safeguard children and promote the welfare of all children in their area, and to monitor and ensure the effectiveness of those arrangements. They will be equally accountable for the system they create.

There is a shared and equal legal duty for partner organisations, working with relevant agencies, to safeguard and promote the welfare of all children in a LA area. A safeguarding partner is defined as (i) the LA, (ii) a CCG for an area, any part of which falls within the LA area and (iii) the Chief of Police for an area, any part of which falls within the LA area.

LAs, NHS England, CCGs, CCG designated professionals and local providers should ensure appropriate representation in the new partnership arrangements. Partners must commission safeguarding practice reviews where abuse or neglect of a child is known or suspected and the child has either died or been seriously harmed, and there is concern over how agencies and service providers have worked together.

The three safeguarding partners should agree:

- local priorities;
- ways to co-ordinate their safeguarding services with relevant agencies;
- establishing a strategic leadership group in supporting and engaging others;
- implementing local and national learning from serious child safeguarding incidents;

- processes that facilitate and drive action beyond usual institutional and agency constraints and boundaries;
- effective protection of children is founded on lasting and trusting relationships with children and their families;
- a dispute resolution process;
- an independent scrutiny arrangement;
- the relationship and processes between Health and Wellbeing Boards.

### **6.8.2 Community Safety Partnerships**

[The Crime and Disorder Act 1998](#) introduced a statutory framework for Community Safety Partnerships (CSPs). CSPs are made up of representatives from the police, local council, fire service, health service, probation as well as many others. Their purpose is to make the community safer, reduce crime and the fear of crime, reduce anti-social behaviour and work with business and residents on the issues of most concern. They also manage strategic plans for certain areas of safeguarding for example Prevent, domestic abuse, serious violence and modern-day slavery.

### **6.8.3 Safeguarding Adult Boards (SAB)**

Under the terms of the Care Act 2014, each LA must set up a Safeguarding Adult Board (SAB), with statutory partners from the LA, Police and CCG. A SAB has a strategic role and has three core duties; it must:

- Publish a strategic plan for each financial year, setting out how it will meet its main objectives. In developing the plan, it must involve the community and it must consult the local Healthwatch organisation(s).
- Publish an annual report detailing the activities of the SAB which it must send to the following agencies for scrutiny:
  - LA Chief Executives and member leads,
  - local Health and Wellbeing Board(s),
  - local Police and Crime Commissioner, and
  - local Healthwatch organisation(s).
- Decide when a Safeguarding Adults Review (SAR) is necessary, arrange for its conduct and if it so decides, implement the findings. SARs are about learning lessons for the future so that practice improvements may be made.

There are also Health and Wellbeing Boards which have overall strategic responsibility for assessing local health and wellbeing needs in the JSNA, and for agreeing joint health and wellbeing strategies for each LA area.

The nature of the relationship between and SABs, and Health and Wellbeing Boards, is decided locally. However, it is important that the boards are complementary. The SAB should not be subordinate to, nor subsumed within, local structures that might compromise their separate identity and voice. NHS commissioners and providers are responsible for understanding these arrangements and ensuring that they are fully engaged and working effectively to support them.

## 7 Conclusion

The safeguarding of children, young people and adults who are at risk is a fundamental obligation for everyone who works in the NHS and its partner agencies. Safeguarding children and adults at risk of abuse or neglect must be kept constantly under review. Whilst there are some similarities, the safeguarding of children and adults are distinct and separate entities which need different approaches.

Fundamentally, every NHS organisation, and every individual healthcare professional working in the NHS, must ensure that the principles and duties of safeguarding adults and children are holistically, consistently and conscientiously applied: **the needs of these at risk citizens and communities must be at the heart of everything the NHS does.**

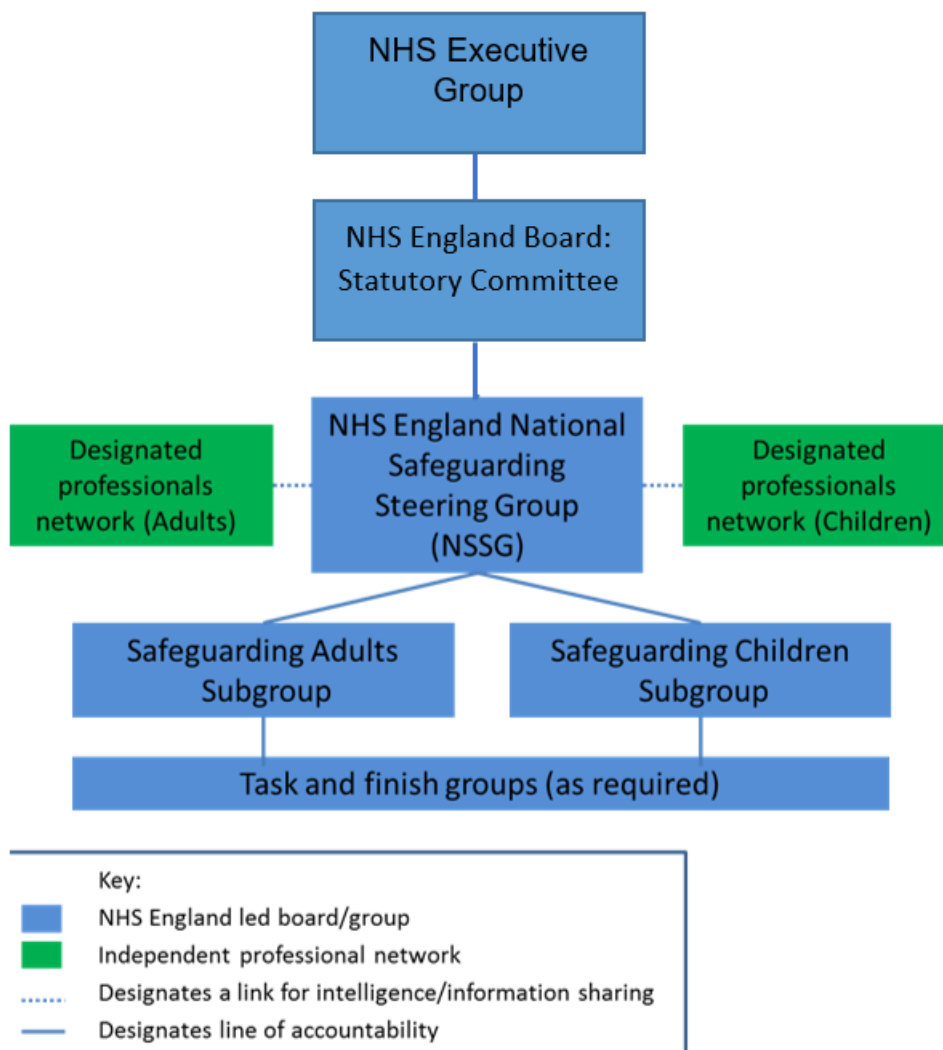
Partnership working is essential, and it is vital that local practitioners continue to develop relationships and work closely with colleagues across their local safeguarding system. This will help to develop ways of working that are collaborative, encourage constructive challenge, and enable learning in a sustainable and co-ordinated way.

NHS England will continue to seek assurance that the safeguarding arrangements across the health system for children, young people and adults are effective.

## 8 APPENDIX I

### 8.1 How NHS England maintains oversight of safeguarding

NHS England's safeguarding role is discharged through the Chief Nursing Officer (CNO), who has a national safeguarding leadership role. The CNO is the Lead Board Executive Director for Safeguarding and has a number of forums through which assurance and oversight is sought. The system wide NSSG coordinates these forums and gains assurance on behalf of the CNO. These groups and the governance arrangements are set out below.



### 8.2 The NHS National Safeguarding Steering Group (NSSG)

The NSSG works with a range of temporary and permanent subgroups that focus on key issues using a risk-based approach. Membership of the NSSG includes representation from CCGs, provider trusts, and designated/named professionals, regulators, professional bodies and arm's length bodies (ALBs). Further information regarding the NSSG is available on our webpage.

### **8.3 NHS England regions**

Each NHS England Regional Chief Nurse is accountable for discharging the NHS England safeguarding duties within their region, further information can be found on our NHS England Safeguarding webpage.

### **8.4 Safeguarding – annual assurance**

The CNO is responsible for providing overall assurance to the NHS England Board on the effectiveness and quality of the safeguarding arrangements. Assurance is secured through an annual review process, the mechanism for achieving this is for the submission of Regional annual reports using an agreed framework.

The regions provide an annual safeguarding assurance report to the NSSG. The report has the dual purpose of providing assurance as well as enabling any themes, common issues, emerging trends and system-wide learning to be identified from across the health system.

## 9 APPENDIX II

### 9.1 National Network for Designated Healthcare Professionals (NNDHP)

The membership of the independent National Network for Designated Healthcare Professionals (NNDHP), is all designated professionals for safeguarding children, children in care and Child Death Overview Panels. Information about the network can be found on the NHS England website. The network is supported financially by NHS England in recognition of the need to provide appropriate support to the practitioners undertaking this complex statutory role, and to enable the network to speak collectively at a regional and national level.

The purpose of the network is to improve the outcomes and life chances of children and young people by:

- Bringing together all the child safeguarding, children looked after and CDOP designated professionals into one NHS network.
- Giving a national voice to the local safeguarding advice which collectively amounts to national concern.
- Enabling the 'Voice of Health' and the opinion of safeguarding children expert practitioners to contribute to and influence the national agenda with regards to safeguarding and promoting the welfare of children.
- Supporting NHS England and other external agencies, at regional and national level.
- Facilitating partnership working with the Royal College of Paediatrics and Child Health (RCPCH), Royal College of Nursing (RCN), The Faculty of Forensic & Legal Medicine, the NSPCC and CoramBAFF.
- To provide a 'Think Family' approach and remain connected to the SANN via the Chairs.

## 10 APPENDIX III

### 10.1 Safeguarding Adults National Network (SANN)

The NHS England Safeguarding Adults National Network (SANN) provides the national voice of adult safeguarding leads working for or on behalf of CCGs from across England. Their role is to support NHS England in the strategic delivery of adult safeguarding services across England.

SANN is designed to complement the work of the DHSC adult network, and is a clinical reference group to the NSSG. The SANN has a virtual network that is formed of multiagency professionals working within the realm of adult safeguarding.

The purpose of SANN is to:

- To develop a strategic focus; encourage CCGs and ICSs to quality improve and share learning, to proactively influence, shape and develop innovation and improve work streams for safeguarding adults.
- Develop the Safeguarding Health Outcomes Framework to enable a joint approach to the reporting to Clinical Quality Groups and Local Safeguarding Adults Boards on key safeguarding issues.
- To promote effective communication to ensure that any learning from SARs or other reviews such as DHRs are shared as widely as possible to encourage practice development.
- To monitor risks within provider organisations for adult safeguarding, Mental Capacity Act and Deprivation of Liberty safeguards.
- To provide a 'Think Family' approach and remain connected to the NNDHP via the Chairs.
- To provide an interface between NHS England and frontline staff by providing a flow of information between NHS England and Regional Safeguarding Leads and the SANN network.