Publishing Approval Reference 000346
Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in 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; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreword</td>
<td>4</td>
</tr>
<tr>
<td>Safeguarding Leadership Team</td>
<td>6</td>
</tr>
<tr>
<td>New NHS Safeguarding Reforms</td>
<td>7</td>
</tr>
<tr>
<td>Working Together to Safeguard Children and Young People Reforms;</td>
<td>7</td>
</tr>
<tr>
<td>Early Adopters Programme</td>
<td>7</td>
</tr>
<tr>
<td>Domestic Violence and Abuse Bill</td>
<td>8</td>
</tr>
<tr>
<td>Mental Capacity Act (MCA) (Amendment)</td>
<td>9</td>
</tr>
<tr>
<td>New NHS Safeguarding Programmes of Work</td>
<td>10</td>
</tr>
<tr>
<td>Think Family; contextual safeguarding; trauma-informed care</td>
<td>10</td>
</tr>
<tr>
<td>Armed Forces Health</td>
<td>11</td>
</tr>
<tr>
<td>Health and Justice</td>
<td>12</td>
</tr>
<tr>
<td>Sexual Assault and Abuse Services (SAAS)</td>
<td>14</td>
</tr>
<tr>
<td>Sports Abuse</td>
<td>15</td>
</tr>
<tr>
<td>The NHS Standard Contract, Safeguarding Digital Strategy and Commissioning Assurance Toolkit</td>
<td>16</td>
</tr>
<tr>
<td>NHS Safeguarding ‘business-as-usual’ Programmes</td>
<td>17</td>
</tr>
<tr>
<td>Child Sexual Exploitation &amp; Abuse (CSE/A)</td>
<td>17</td>
</tr>
<tr>
<td>Independent Inquiry into Child Sexual Abuse (IICSA)</td>
<td>18</td>
</tr>
<tr>
<td>Child Protection Information System Phase 1 (CP-IS P1)</td>
<td>19</td>
</tr>
<tr>
<td>Child Protection Information System Phase 2 (CP-IS P2)</td>
<td>20</td>
</tr>
<tr>
<td>Prevent</td>
<td>21</td>
</tr>
<tr>
<td>Female Genital Mutilation (FGM)</td>
<td>22</td>
</tr>
<tr>
<td>Looked After Children (LAC)</td>
<td>23</td>
</tr>
<tr>
<td>Modern Slavery and Human Trafficking Network</td>
<td>24</td>
</tr>
<tr>
<td>NHS Safeguarding Enablers</td>
<td>25</td>
</tr>
<tr>
<td>Intercollegiate Documents for Safeguarding for Adults and Children</td>
<td>25</td>
</tr>
<tr>
<td>National Network of Designated Healthcare Professionals (NNDHP)</td>
<td>26</td>
</tr>
<tr>
<td>Safeguarding Adults National Network (SANN)</td>
<td>27</td>
</tr>
<tr>
<td>Safeguarding Leadership Courses</td>
<td>28</td>
</tr>
<tr>
<td>Regional Team Updates</td>
<td>29</td>
</tr>
<tr>
<td>North</td>
<td>29</td>
</tr>
<tr>
<td>Midlands and East</td>
<td>30</td>
</tr>
<tr>
<td>London</td>
<td>31</td>
</tr>
<tr>
<td>South</td>
<td>32</td>
</tr>
<tr>
<td>Afterword</td>
<td>34</td>
</tr>
<tr>
<td>Acknowledgements</td>
<td>36</td>
</tr>
<tr>
<td>Glossary</td>
<td>37</td>
</tr>
</tbody>
</table>
Foreword

Welcome to our Safeguarding Annual Update for 2018/2019. It gives me great pleasure and pride to present this celebration of everything we’ve achieved over the past year; it has been quite a year for safeguarding, as you will see from the pages that follow.

In April 2018, we held our 5th National Safeguarding Conference, and celebrated safeguarding in the 70th birthday year of the NHS. Our guest speakers inspired and challenged in equal measure. Most of all, they reminded us that safeguarding risks, like the world we live in, are constantly evolving and that we must respond by learning and working together, to offer protection and support to those in need.

One of the most memorable parts of last year’s conference was Penny Clough’s moving and difficult account of the tragic circumstances that led to the murder of her daughter Jane, who was killed by her former partner.

Penny’s experiences have had a direct impact on our approach to shaping the 2019 Domestic Violence and Abuse work programme, demonstrating what we can achieve when we commit to taking the time to listen. Over the past year, many people have very generously shared their lived experience of vulnerability with us. It takes great courage to do so, and learning about these experiences urges us on to drive change, and to act with ever-increasing competence and compassion.

The past year has seen some landmark achievements for safeguarding, developments that have resulted in major cultural change. Not only have they achieved positive outcomes for vulnerable people, they have also enhanced the working practices, and the job satisfaction, of our safeguarding colleagues. I would like to take this opportunity to highlight just a few of them.

I am proud to say that the national roll-out of the Child Protection – Information Sharing (CP-IS) system is almost complete. This has created a secure connection between hundreds of health and Local Authority (LA) I.T. systems and the NHS Spine, and was an enormous undertaking.

CP-IS gives children at risk an extra level of protection, and we are one of the first countries in the world to institute a system of this kind. From now on, every time a vulnerable child on a protection plan presents at an NHS unscheduled setting, an alert is sent to the child’s or the mother’s social worker; if the child is presented at a health setting outside their registered locality, safeguarding colleagues who can offer protection are informed immediately.

The CP-IS system is now helping to protect over 172,000 vulnerable children, and it is much needed. In December 2018 up to 7,000 contacts were made by the NHS to social workers, using this system.

NHS Safeguarding colleagues have also been working hard to help inform the Working Together statutory guidance, which will result in new child protection and safeguarding partnership arrangements. This will mean far greater partnership working, with Clinical Commissioning Groups (CCGs), Sustainability and Transformation Partnerships (STPs), Primary Care Networks (PCNs), LAs and local police working together to develop safeguarding plans based on local needs.
NHS Safeguarding and the Department of Health and Social Care (DHSC) organised a number of regional and national round-table events to support health colleagues through this change; we have listened, and will act on feedback and concerns, as we support local areas to implement these changes in the coming year.

Another major development is the Mental Capacity (Amendment) Bill, which is about to become legislation, and will have a significant impact on safeguarding and mental health professionals alike. The NHS safeguarding community will take a leading role in supporting the implementation of the reforms across health care: we will ensure that our colleagues are supported appropriately, and that they understand what these changes mean, both for them and for those in their care.

NHS Safeguarding has also recently agreed to include a range of safeguarding programmes in the new NHS Standard Contract, a ground-breaking development in supporting the protection of vulnerable individuals and families.

As we read our Annual Update we must not rest on our laurels – our proactive safeguarding interventions must develop in tandem with the pressures and challenges within our communities.

We are seeing the rise of gangs, County Lines and, more recently, knife crime. We will need to work together across the public services, voluntary sector and community assets, to build sustainable contextual safeguarding interventions for whole populations.

Our local, regional and national safeguarding system leaders are meeting with cross-government colleagues to discuss and agree how the health system can support the prevention of serious crime from a health perspective. We need to begin looking towards:

- **Trauma-informed care**, an organisational structure and treatment framework that involves understanding, recognising, and responding to the effects of all types of trauma. It also emphasises physical, psychological and emotional safety for both consumers and providers, and helps survivors rebuild a sense of control and empowerment.

- **Think Family** strategy, which promotes co-ordinated thinking and delivery of services to safeguard children, young people, adults and their families/carers: children, young people and adults do not exist, or operate, in isolation from each other.

- **Contextual safeguarding**, which is an approach to child protection that recognises that children and young people are often vulnerable to abuse outside of the family environment, such as child sexual exploitation (CSE), drug dealing or knife crime.

We would like to thank all our task-and-finish group facilitators and contributors, and our Royal College colleagues for their fantastic efforts in raising the profile of safeguarding for children and adults, and in our communities. We would especially like to thank Dr Peter Green and Prof Paul Kingston for chairing our two national networks and supporting our Designated Professionals and Named Practitioners. I wish you the very best for 2019 and look forward to working with you during the coming year.

**Hilary Garratt CBE**
Deputy Chief Nursing Officer for England – Professional and System Leadership
Safeguarding Leadership Team

Central Safeguarding Team

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New NHS Safeguarding Reforms

Working Together to Safeguard Children and Young People Reforms; Early Adopters Programme

NHS Safeguarding have been working with cross-government departments to update Working Together in light of the legislative changes set out in the Children and Social Work Act 2017.

The cross-government departments led by the Department for Education (DfE) have now established an Implementation Board to oversee the changes expected by the new arrangements. NHS Safeguarding are key members of this Board.

Key achievements:

• We have established the Health Engagement Partnership Group, chaired by DHSC. This group brings together CCG leadership, the chair of the National Network of Designated Healthcare Professionals (NNDHP), and members of the Nursing and Medical Directorates of NHS England.
• 11 Early Adopters, including CCG Chief operating Officers, have been identified to work with the National Children’s Bureau (NCB) to identify the opportunities and challenges of the new arrangements.
• DHSC funding has been identified to appoint a specific Health Facilitator to work with CCGs, STPs and Integrated Care Systems (ICSs). The Facilitator will work with NHS Safeguarding and other dedicated facilitators from other government departments, all of them experts who can provide dedicated leadership for supporting the system to embed the reforms.
• A number of DfE regional multi-agency events were held in 2018, with NHS Safeguarding team present to support health colleagues. These events will continue into 2019.

Top priorities:

• We will collaborate with DHSC and DfE to ensure that lessons learned from Early Adopters and other system transformation processes are shared across the health and care system.

Safeguarding and Protecting Children –
A Day of Dialogue for health safeguarding leaders – more than 200 attendees shared their local experiences and support requirements
Domestic Violence and Abuse Bill

NHS Safeguarding has been actively contributing to the consultation and we will ensure the NHS plays a full part as a system leader to ensure the relevant recommendations of the Domestic Violence and Abuse Bill are implemented.

Key achievements:
- NHS Safeguarding co-chaired the health partnership group to ensure the views of the NHS and policy makers are aligned in relation to the implementation requirements of the forthcoming Bill.

Top priorities:
- We will continue to promote awareness of domestic abuse, with public and professionals alike.
- We will make domestic violence and abuse a core part of our NHS Safeguarding programmes.
- We aim to protect, support and enhance the safety of victims and improve the support they receive.

1 in 4 women
and
1 in 6 men
will experience
Domestic Violence or Abuse

Domestic Violence and Abuse is gendered and remains the leading cause of morbidity in 19-44 year-old women worldwide, greater than cancer, war and car accidents
Mental Capacity Act (MCA) (Amendment)

NHS Safeguarding is an active member of the national MCA Implementation Board which leads on the implementation of legislative requirements.

Key achievements:
- NHS Safeguarding has established its MCA Clinical Reference Group (CRG) which links to all parts of the health system with the MCA Implementation Board.
- The MCA CRG are co-creating grab guides to ensure that all contractors and care staff are up to date with the Amendment reforms.
- We have raised the profile of MCA on social media.
- We have delivered numerous keynote speeches at national conferences.

Top priorities:
- We will embed MCA Amendment Reforms into the revised NHS Safeguarding App and co-create further grab-guides using lived-experience feedback.
- We will contribute to the development of MCA national users’ guidance.
- We will build MCA as part of contextual safeguarding and trauma-informed care conversations.

Our Guidance and Code of Practice have been profiled on the

NHS Safeguarding App
New NHS Safeguarding Programmes of Work

Think Family; contextual safeguarding; trauma-informed care

The Think Family agenda promotes the importance of a whole family approach to securing better outcomes for children, young people and their families, through better co-ordinated care. Contextual safeguarding and trauma-informed care go beyond the family, to look at the potential for safeguarding abuses in other environments, such as a child's neighbourhood and school, and the internet.

Key achievements:

- We have launched a social movement and presentation with our Working Together partners to raise the profile of contextual safeguarding, trauma-informed care and Think Family.
- We have launched a social movement and presentation with Public Health England (PHE) to raise the profile of Adverse Childhood Experiences (ACE).
- We are helping to raise the profile of contextual safeguarding with a social movement and presentations with the HO and DfE.
- We are embedding Think Family and contextual safeguarding into the revised NHS Safeguarding App.
- We are profiling the Intercollegiate Document (ICD) on training and competencies at conferences and as part of contextual safeguarding and trauma-informed care conversations.

We are embedding **Think Family** and contextualised safeguarding into the revised **NHS Safeguarding App**
Armed Forces Health

We have been working hard to improve care and safeguarding for the Armed Forces community, particularly for those serving and those in transition. Work has commenced on the development of a safeguarding policy, informed by a matrix of respective responsibilities.

This work is being developed to inform a Ministry of Defence (MOD) national safeguarding policy, ensuring consistency and compliance with NHS safeguarding standards and associated legislation.

Key achievements:

- NHS Safeguarding colleagues supported the Armed Forces health team with the move of the MOD’s Defence and National Rehabilitation Centre (DNRC) from Headley Court, Surrey to Stanford Hall, Nottinghamshire – a new, purpose-built facility providing world-class rehabilitation facilities for Services personnel who have suffered major trauma or injury.

- As part of this move, we established safeguarding links between Stanford Hall and Nottinghamshire County Council.

- The Midlands and East NHS England safeguarding lead facilitated contact between Nottinghamshire County Council and DNRC to ensure appropriate safeguarding arrangements were in place for vulnerable patients – highlighting the benefits of multi-agency working.

Top priorities:

- We will formalise safeguarding arrangements for Armed Forces health, notably within MOD and single Service boundaries, through the associated safeguarding policy and the appointment of a dedicated safeguarding policy lead at MOD departmental level.

- We will help inform the development of the MOD’s national safeguarding policy, ensuring consistency and compliance with NHS safeguarding standards and associated legislation.

- We will support a co-ordinated approach across Defence and NHS healthcare, with a particular focus on serving personnel, Service families, children and young people, Defence primary healthcare, education and training.

- A regionally-focused civilian facility for the NHS is also being proposed for the Stanford Hall site.

We are working to ensure that the MOD’s safeguarding policy is consistent with NHS safeguarding standards.
Health and Justice

Over the past year, we have been reviewing and updating the service specifications for all prison healthcare services, to allow them to be more easily adapted to the health needs of individual prison populations.

We are giving particular focus to the safeguarding the needs of children and young people in secure settings, women offenders, and those with learning disabilities.

Key achievements:

- NHS England Health and Justice Team supported the HO to revise and publish *Adults at Risk in Immigration Detention* (July 2018). This is guidance for all staff who work within immigration enforcement, on how to assess whether a person being considered for detention is an ‘adult at risk’.

- The integrated mental health specification for prisons embeds the quality standards developed by the Royal College of Psychiatrists’ Quality Network for Prison Mental Health Services (QNPMHS).

- The integrated substance misuse specification describes an integrated, recovery orientated, prison substance misuse treatment service.

- The primary care specification, currently in consultation, will integrate the updated Learning Disability guidelines, ensuring that patients’ safeguarding needs are met and managed.

- In support of the Ministry of Justice (MOJ) Female Offender Strategy, NHS England are supporting providers to enhance female pathways across all Liaison and Diversion sites.

- The Healthcare Standards for Children and Young People in Secure Settings (Royal College of Paediatrics and Child Health, 2013) are currently being refreshed and will incorporate a stronger focus on safeguarding.

- The Children and Young People Mental Health Transformation Programme is concentrating on the most complex children and young people, and includes specialist Child and Adolescent Mental Health Services for High Risk Young People with Complex Needs (CAMHS), and SECURE STAIRS, an integrated framework to support trauma-informed care.
Top priorities:

- We will improve the pro-active detection, surveillance and management of infectious diseases in IRCs and improve our ability to respond to outbreaks and incidents.
- We will strengthen multi-agency approaches to managing adult detainees at risk, and continue supporting multi-disciplinary meetings.
- We will ensure there are effective interventions in the management of psychoactive substances (PS), alcohol and drugs (incorporating illicit, prescription and over-the-counter drugs).
- The new Children and Young People Secure Estate National Partnership Agreement for 2018-2021 will enable a more effective delivery of health services for children and young people within the secure estate in England.
- Working with national and regional Safeguarding Leads, we will implement the Safeguarding Development Framework tool across all Health and Justice commissioned services.
- We will publish and roll out the Primary Care service specification for the Health and Justice residential estate by 2020.
- We will enhance the services available to women across the secure estate, and develop a specific Mental Health (MH) perinatal service for all women’s adult secure establishments.
- We will develop and roll out best practice guidance to support the implementation of the revised Prison Service Instruction (PSI) on the Care and Management of Transgender Offenders.
- Liaison and Diversion (L&D) services will have complete geographical services across England by the end of March 2020.

Since introducing the **female pathway** development process, we have seen female engagement rates rise by **21.4%**

We are contributing to a **10%** reduction of self-inflicted deaths as part of the Cross-Government National Suicide Prevention Strategy

We will help **6,000** highly vulnerable children with complex trauma, some of whom will be at risk of suicide and/or self-harm

We will better manage the mental health of people in detention
Sexual Assault and Abuse Services (SAAS)

SAAS exists to support victims and survivors of sexual assault and abuse to recover and heal, and to rebuild their lives.

Our core priorities include strengthening the approach to prevention; ensuring there is an appropriately trained workforce; promoting safeguarding and safety; protection and welfare of victims and survivors; and involving victims and survivors in the development and improvement of services.

Key achievements:

- We have agreed cross-government governance arrangements to hold each other to account.
- Our SAAS Partnership Board includes survivors, voluntary and third sector partners, Police and Crime Commissioners, Police, Department of Health & Social Care (DHSC), Home Office (HO), Ministry of Justice (MOJ), Care Quality Commission (CQC), CCGs, and LAs.
- Progress on the six strategic objectives on the SAAS by partners is being monitored and challenged by the SAAS Partnership Board.
- We have held regional workshops with local strategic leaders and stakeholders on their delivery and implementation plans for the SAAS.

A SAAS event in November 2018 brought together 130 key senior strategic leaders to strengthen SAAS implementation plans

NHS England is strengthening transformation of SARCs and SAAS with £4m per year, new recurrent growth to 2020-21
Sports Abuse

The Sports Safeguarding Partnership are working collaboratively with NHS Safeguarding on a number of new initiatives and pieces of legislation, to enhance safeguarding across the sports community.

Key achievements:
- NHS Safeguarding has a place on the Sports England Partnership Board.
- We are working closely with Safeguarding Adults survivor engagement, the National Working Group ‘Voice’ project, Sport England survivor network, and the Football Association (FA) Working Group.
- A joint FA/Sport England/Child Protection in Sport Unit (CPSU) Conference held in September 2018 looked at lessons learned from nonrecent abuse and we are learning from the lived-experience.
- We are working in partnership with a wide range of organisations and individuals, including: NSPCC, Sports and Recreation Alliance, sports leaders, universities, UK coaching, Youth Sports Trust, Sport England, the FA, DfE and the English Federation of Disability Sport to profile the voice of victims and survivors.

Top priorities:
- We will be working closely with the Sports Partnership Board four times a year in 2019 to raise the profile on health and sports communities.
- We will collaborate and work together on Think Family and Working Together arrangements, the Domestic Violence Act and the MCA.

Conference with **FA, Sport England** and **CPSU**, September 2018
The NHS Standard Contract, Safeguarding Digital Strategy and Commissioning Assurance Toolkit

New safeguarding reforms and legislation are transforming the safeguarding landscape and there is a focus not only on protection but also Think Family, the prevention agenda and contextual safeguarding.

For the first time, safeguarding programmes have been added to the NHS Standard Contract, enabling the collection and analysis of data from all NHS providers. In order to underpin the NHS Contract, our NHS Safeguarding Digital Strategy will provide data that can be used for performance reporting and quality improvement. This population data can then be used to influence local, regional and national clinically-led dialogue and decision-making.

As commissioning organisations, the CCG, ICS, and STP are required to ensure that all health providers from which they commission services (both public and independent sector) have comprehensive and effective single and multi-agency safeguarding arrangements in place. They must ensure that health providers are linked into Local Safeguarding Partnerships or Boards and that health workers contribute to multi-agency working.

Over the next two years, the NHS Safeguarding Commissioning Assurance Toolkit, along with CCG quality assured dataset, will create localised data reports which underpin transformation conversations at Partnership Boards; Health & Wellbeing Boards, Regional Quality & Assurance Groups, and scrutiny committees.

Through effective safeguarding partnerships, by 2020, NHS Safeguarding will be collecting contextual safeguarding data with PHE including community safety data from the police. This data will be pivotal to safeguarding prevention with priority areas of conversation being aimed at serious violence and exploitation.

Top priorities:

- We will test the Safeguarding Commissioning Assurance Toolkit in CCGs and with ICSs and work towards a peer review assurance process via the Designated Professionals, Regional Quality & Assurance Groups and Regional Safeguarding Leads.

- We will launch the Safeguarding Commissioning Development Toolkit, to include the tableau dashboard, safeguarding shared atlas of learning, and community of practice for mutual aid and shared learning.

- We will share aggregated safeguarding data on the PHE Fingertips platform to support system leaders to have contextual safeguarding and trauma-informed care dialogues at population level for upstream prevention, as per the Long Term Plan.

The Safeguarding Commissioning Development Toolkit will provide narrative around the data, by reporting exceptions and risks.
NHS Safeguarding ‘business-as-usual’ Programmes

Child Sexual Exploitation & Abuse (CSE/A)

NHS Safeguarding is contributing to the Sexual Assault and Abuse Strategy (SAAS) prevention plan with the aim of profiling the voices of victims, survivors and the lived experience.

We are also forming strong partnerships with support groups for perpetrators, so that we might better understand how to prevent potential perpetrators from offending and re-offending.

Key achievements:
- We have published a Sexual Assault and Abuse Service Strategy.
- We partnered with #PurpleSummer (14th June) and #PurpleChristmas (14th December) to raise awareness of CSE on social media.
- We delivered numerous presentations about NHS Safeguarding strategies for sexual exploitation at national conferences, with excellent feedback.
- We have collaborated with the NSPCC, Safe Lives, Essential Parent and the Samaritans to profile the lived experience of citizens.

Top priorities:
- We will embed the Sexual Assault and Abuse Service Strategy.
- We will maintain a CSE/A lived-experience presence at conferences.
- We will ensure that CSE/A plays a key part in contextual safeguarding and trauma-informed care conversations in the new health landscape.

We partnered with #PurpleSummer and #PurpleChristmas to raise awareness of CSE on social media.
Independent Inquiry into Child Sexual Abuse (IICSA)

NHS Safeguarding has established a task and finish group to respond to any requests from the Inquiry and to provide leadership and support to the health system. The membership of the Group includes representatives from the CQC, NHS Improvement (NHSI), PHE and Specialised Commissioning.

**Key achievements:**

- We responded to the recommendations set out in the IICSA interim report published in 2018.
- We developed best practice Chaperoning Guidance Notes.
- We continue to actively engage with the Truth Project, and we continue to meet with the IICSA to understand future implications.
- We are supporting the Truth pilot in the prison setting, with Health and Justice commissioners.
- We participated in, and contributed to, the Inquiry Health Seminars.
- We continue to support the system in relation to queries regarding the retention and destruction of records.
- We have maintained ongoing relationships with the IICSA senior team, ensuring that NHS Safeguarding are aware of any IICSA requests for evidence or to attend hearings.

**Top priorities:**

- We will prepare for the final IICSA report in 2020 and ensure any health recommendations are considered jointly with DHSC.
- We will attend the mandatory reporting seminar organised by the IICSA in April 2019 to understand the implications for the health system.
- We will support the young person’s Truth pilot and the pilot focussing on Truth accessibility for individuals with a learning disability.

**Actively promoting the Truth Project, through regional events and communication channels**
**Child Protection Information System Phase 1 (CP-IS P1)**

We have deployed and implemented CP-IS Phase 1 across the health and social care partnership, which has enhanced the safeguarding of protected and looked after children (LAC), and unborn child plan (UCP) and newborn babies.

**Key achievements (as of 21/03/2019):**

- There are 172,239 children on CP-IS.
- There are 188,644 plans in total.
- There are 98,495 Child Protection Plans.
- There are 89,254 LAC plans.
- There are 895 UCP plans.
- 90% of local authorities are live with CP-IS.
- 92% of unscheduled healthcare settings are live or using the Summary Care Record App (SCRa).
- CP-IS is routinely processing 7,000 alerts each month.
- We have created sustainable partnerships with: NHS Digital CP-IS Team and Regional Informatics Teams; NHS Safeguarding Leads; Clinical Commissioning Groups; Local Authorities; Independent Chairs of Local Safeguarding Children’s Boards (LSCBs); and DfE colleagues regarding the paramountcy of the child.
- We have worked collaboratively with our partners to address barriers to implementation, by promoting the Working Together reforms.
- We produced several case studies showcasing the voice of looked after children.

**Top priorities:**

- We will ensure successful roll-out of CP-IS in every LA across the health and social care partnership, to ensure the smooth transition of CP-IS Phase 2.
- We will embed the CP-IS service in the NHS Digital live environment as ‘business-as-usual’.
- We will continue to evidence the impact this innovative practice has on enhancing safeguarding by collating case studies.

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**As of 21/03/2019**

90%* of Local Authority areas are live with CPIS

92%* of unscheduled healthcare settings are live with CPIS
Child Protection Information System Phase 2 (CP-IS P2)

We explored the potential for expansion of the current CP-IS by facilitating a clinically-led engagement process, through a national CRG made up of a variety of practitioners from various health specialties, social care, the police, and LAs.

We linked the CRG with the NHS Digital Subject Matter Expert (SME) group to ensure that the CRG’s ‘preferred option’ was technically possible.

Key achievements:

- We developed a ‘preferred option’ recommendation for Phase 2 of the CP-IS project to extend CP-IS into General Practice; Community Services and out-patient departments to trace ‘did not bring the child’ or ‘did not attend appointment’ flags.

- Members of the CRG and SME considered four categories for possible expansion of the current CP-IS.

Top priorities:

- The CP-IS NHS Digital team will develop Investment Justification (IJ), based on the CRG’s clinically developed ‘preferred option’, and submit this to the CP-IS Project Board for approval and next steps.

- We are linking to Maternity Digital Transformation as part of the NHS Long Term Plan and digital enablers.

- We will work to secure appropriate funding for the long term sustainability of CP-IS, and will collaborate with cross-government departments and ministers to implement Phase 2.

The engagement process

62 stakeholders, from a wide variety of specialisms, invited to all 3 CRGs

35 stakeholders included in the communication list at their own request
Prevent

In order to create a revised and more effective Prevent Work Place for 2018/2019, we have merged HO and DHSC guidelines with NHS Safeguarding Prevent Work Plans.

Key achievements:

- Up to 91% of NHS provider staff have completed general training and up to 85% of required staff have had focused training. This equates to almost 800,000 staff.
- NHS staff have made 376 ‘Notice, Check & Share’ referrals to Prevent Leads, and 94 Channel referrals have been processed.
- We have highlighted the lived experience at Prevent conferences.
- We have gathered Prevent case studies and reflective practice together, to profile Prevent narrative and lived experience, and help inform system leadership.
- Working collaboratively with colleagues in Scotland and Wales, we have drawn together case studies from across the country.

Top priorities:

- In 2019/2020 we will collate further case studies and embed these into the revised NHS Safeguarding App.
- We will profile Prevent at conferences and build it into contextual safeguarding and trauma-informed care conversations.
- We will work closely with the HO to design new Prevent training modules to take account of new priority areas and case studies from Channel Panel.

Two or more Prevent conferences held in each region, with the emphasis on the lived experience.
Female Genital Mutilation (FGM)

Having achieved the FGM national reporting system (FGM-IS), NHS Safeguarding is now going further in our partnership with maternity and sexual health services to ensure there continues to be a dramatic improvement in services for girls and women affected by FGM. We will focus on the life-long treatment of the physical and emotional trauma it causes, especially in non-pregnant women and very young girls.

Key achievements:
- We have successfully raised awareness of FGM across all disciplines.
- NHS Safeguarding was represented and presented at the two-day international conference in November 2018 on ‘Ending FGM and Forced Marriage’, which discussed ways of strengthening our collective response.
- All Trust FGM Leads are now reporting an improved rapport with communities affected by FGM.
- We have launched our Named Safeguarding Midwives Network.

Top priorities:
- We will improve the way we meet the needs of non-pregnant women with FGM, who might seek medical help prior to becoming pregnant.
- Walk-in Community Clinics for non-pregnant women who have undergone FGM will provide services to meet their health and wellbeing needs, and to support and safeguard them.
- We will develop our Named Safeguarding Midwives Network, to include commissioning.
- We will co-develop with partners a protocol to support staff deal with breast ironing.

During 2018/2019, there were approximately 1,030 new cases of FGM reported quarterly.
Looked After Children (LAC)

The Looked After Children’s Clinical Reference Group (LAC CRG) is a sub-group of the National Safeguarding Steering Group (NSSG). The Group has representation from across the four NHS England sub regions’ Central/Regional leads from NHS England; Royal College of Nursing; Coram BAAF; NNDHP; and the Royal College of Paediatrics and Child Health.

The LAC CRG is responsible for overseeing progress against nationally agreed deliverables; managing risks and issues, and escalating as appropriate; disseminating information to appropriate stakeholders; and ensuring that the group work plan remains on course to deliver its final outcome.

Key achievements:
- We have developed a standard operating procedure to manage the records for children granted an Adoption Order who are assigned a new NHS number.
- We have undertaken audits to assess compliance with LAC assessments.
- We have created grab-guides and a digital learning space for clinicians and carers.

Top priorities:
- We will manage a programme of work to underpin the Long Term Plan aspiration for LAC: “The NHS, together with partners at national and local level, will commit to improve outcomes for our most vulnerable children and young people, by targeting early help for adults living in households with vulnerable children, and by improving access to targeted support for these children, especially during transition to adult services, building on the current assessment pilots for children entering the care system.”
- We will work in partnership with the National Institute for Health and Care Excellence (NICE) in the drafting of the new Looked After Children’s guidance update.
- We will support the DfE Mental Health project, with a focus on strengthening the Mental Health Assessments on care entry for LAC.

We delivered 2 National Conferences on improving the health of unaccompanied asylum-seeking young people, which were attended by 300+ professionals from across the country.
Modern Slavery and Human Trafficking Network

We are continuing our work to raise the profile of modern slavery across the healthcare system, and to ensure that Health is represented in regional and local anti-slavery partnerships.

**Key achievements:**

- We are working collaboratively with cross-government partners to ensure that NHS Safeguarding and health providers contribute to national policy.
- We are providing leadership and co-ordination across the national Modern Slavery agenda, identifying gaps in local and regional approaches, promoting learning and analysis of data and intelligence.
- The NHS Safeguarding Modern Slavery and Human Trafficking (MSHT) Network has liaised with the Office of the Independent Anti-Slavery Partnership; Stop the Traffic; UNSEEN; Helen Bamber Foundation; Modern Slavery Police Transformation Unit; Gangmasters and Labour Abuse Authority; Pan Lancashire Anti-Slavery Partnership and Doctors of the World.

**Top priorities:**

- We will ensure all NHS providers deliver to the National Referral Mechanism (NRM) process and take account of victim-focused investigations.
- We will continue to ensure that effective live-experience training and awareness-raising are available to all health and care staff.

We are exploring with NHS providers and cross-government partners how the whole NHS might better signpost to modern slavery first responders as part of making every contact count.
NHS Safeguarding
Enablers

Intercollegiate Documents for Safeguarding for Adults and Children

The National team have worked in collaboration on the publication and promotion of the Intercollegiate Documents (ICDs) for both Adult and Child Safeguarding.

Key achievements:

• The Adult Intercollegiate Document was published in August 2018, and the Children and Young People’s Intercollegiate Document was published in January 2019.
• We delivered six keynote speeches at national conferences.
• NHS Safeguarding has profiled both Adult and Child ICD.
• We have collaborated with Health Education England (HEE) to create Level 3 and Level 4 education and training programmes for adult safeguarding.

Top priorities:

• We will contribute to future iterations by collaborating with DHSC to commission the Academy of Medical Royal Colleges.
• We will embed ICD into the revised NHS Safeguarding App.
• We will profile ICDs at conferences and build ICD as part of contextual safeguarding and trauma-informed care conversations.

We have delivered numerous keynote speeches on ICD at national conferences

We are embedding ICD into the revised NHS Safeguarding App
**National Network of Designated Healthcare Professionals (NNDHP)**

The NNDHP, chaired by Dr Peter Green, is made up of NHS Designated Professionals (doctors and nurses) who work in the areas of child safeguarding, LAC and child death overview panels (CDOP), and aims to give them a voice.

Its objectives are to influence national strategic objectives and policy; to provide peer support; to promote analysis and learning; and to develop review and research partnerships. The Network works to three core priorities: the voice of the child, national influence and best practice.

The Network supports NHS Safeguarding and works in partnership with the Royal College of Paediatrics and Child Health (RCPCH), Royal College of Nursing (RCN), Faculty of Forensic and Legal Medicine (FFLM) and the NSPCC.

**Key achievements:**

- We have recruited a Network Manager and produced a position statement: *Voice of Health*.
- We are implementing the latest safeguarding legislation, as a member of both the DHSC Implementation Board and the NHS Safeguarding Health Engagement Group.
- We have carried out two membership surveys (which highlighted a lack of designated capacity across the country), supported the promotion of *Voice of Health*, and reinforced the need for further cultural change.
- We have created a monthly newsletter.

**Top priorities:**

- We will use *Voice of Health* to extend the national child safeguarding agenda.
- We intend to lobby for improved Designated Professional capacity and resourcing, to ensure compliance with statutory guidance.
- We will lobby for further training, skills development and on-going support for Designated Professionals.
- We will contribute to the development of outcome measures.

The **2018 NNDHP Conference** had **197** registered delegates
Safeguarding Adults National Network (SANN)

The Safeguarding Adults National Network (SANN) is made up of two existing networks. The core network is made up of our independent chair, Prof Paul Kingston; the Deputy Head of Safeguarding for NHS Safeguarding, Catherine Randall; and Designated Adult Professionals who have been nominated by Regional Safeguarding Leads as system experts and leaders within this field.

SANN also has a virtual network hosted on the FutureNHS Safeguarding workspace, and formed of adult safeguarding professionals from CCGs, providers, and Named GPs. The virtual network is able to feed any issues, concerns and successes to the core network for discussion, via this platform.

Key achievements:

• SANN has raised the profile of the safeguarding adults agenda, becoming a CRG to the NSSG, and ensuring that it has a greater presence in the Annual Report and at the National Safeguarding Conference.

• SANN has held seven meetings since its creation in 2017, and a further six are planned for the coming year.

• We have secured funding to aid and develop a portfolio of work for the forthcoming year.

Top priorities:

• SANN will continue to build the voice of the virtual network and create a community of practice for safeguarding adult colleagues across the health system.

• We will critique and collate safeguarding recommendations from all MH death reviews, Domestic Homicide Reviews (DHRs) and Safeguarding Adult Reviews (SARs) reported via the Regional Safeguarding Leads, to present at the NSSG and so enable national discussion and direction.

• We will continue to raise the roar for adult safeguarding, focusing on the prevention of abuse, a person-centred approach and collaborative practice.

SANN has raised the profile of the safeguarding adults agenda, becoming a clinical reference group to the National Safeguarding Steering Group, and ensuring that it has a greater presence in the annual report and at the National Safeguarding Conference.
Safeguarding Leadership Courses

Following on from the success of previous years, we have continued our collaboration with the UK’s leading Legal Skills and Safeguarding Training Company, Bond Solon. They have delivered two safeguarding leadership courses, ‘Clinical Leadership in Safeguarding’ and ‘Executive Leadership in Safeguarding’.

The Clinical level course is designed to ensure safeguarding is ‘core business’ alongside clinical practice; the Executive level course helps ensure that Senior Executives are equipped to take the safeguarding lead within the 10 year plan, and that the legal framework is being applied appropriately.

Key achievements:

- From September 2018 to December 2018, 152 people attended the Clinical Leadership in Safeguarding course, and 190 people attended the Executive Leadership in Safeguarding course. A further 190 people are scheduled to attend the Clinical Leadership course, and 184 people the Executive course, between January and March 2019.

- In September 2018, NHS England North collaborated with Bond Solon to deliver an ‘Advanced Legal Literacy Masterclass’ on the MCA, with 110 GPs taking part. The course was designed to ensure that attendees are equipped to make safe decisions in both routine and complex cases, in order to provide high quality care and treatment that protects patients.

100% of participants on the ‘Leadership in Safeguarding’ courses said they would be able to apply what they had learned to their day-to-day roles

Most attendees said their safeguarding knowledge and skills had increased by over 20%

Most of the GPs on the MCA masterclass said their skills and knowledge had increased by at least 30%, and everyone said they would be able to apply their learning directly to their day-to-day roles
Regional Team Updates

North

Key achievements:

- We have developed new approaches to safeguarding and LAC in ICS/Accountable Care System (ACS) in the North region.
- Female Genital Mutilation–Information Sharing (FGM-IS) implementation is making excellent progress, with all maternity sites contacted and/or actively engaged in implementation.
- We commissioned a lived experience video from a survivor of sexual abuse, via Fixers.
- CP-IS quarterly targets were consistently exceeded, with 92% of LAs live and 87% of health settings live, against targets of 90% and 80% respectively, and there is confidence that implementation will be achieved within North region to 98% by the financial year end.
- Feedback on our Prevent conference has been very positive, especially regarding the link between autism and vulnerability, and the importance of early intervention.
- We have developed a Vulnerability Hub to support risk assessment across the Region, and strengthened inter-agency working to establish an agreed operating model.
- The MCA courses were very well received, and 100% of participants stated that they will use the learning in their workplace.
- Pathway/Guidance developed for Health in the exposure of people trafficking/slavery which is currently being revised by the national advisory group.
- Funding has been approved and allocated to a CCG to promote routine enquiry in primary care in relation to Domestic Abuse.

CP-IS quarterly targets were consistently exceeded, with 94% of LAs live and 90% of health settings live, against targets of 90% and 80% respectively, and there is confidence that implementation will be achieved within North region to 98% by the financial year end.
Midlands and East

Key achievements:

• We held a highly successful counter terrorism briefing for health executives in organisations covered by the West Midlands Counter Terrorism Unit (CTU) and are looking to other CTUs to replicate this in our other areas where possible.

• A total of 71% of LAs, and 72.5% of health settings have gone live with CP-IS.

• We held a celebration event for the inclusion of Workshop to Raise Awareness of Prevent (WRAP) training in healthcare students’ pre-registration training, at the University of Wolverhampton.

• We are the highest performing region for Prevent training, and are working to identify providers on Direct Commissioning Organisation (DCO) / STP / ICS who need support to strengthen their training levels.

• We continued work with the Ministry of Defence (MOD) on the planned relocation of the national military hospital from Headley Court in Surrey to Stanford Hall in Nottinghamshire – this is now operational.

A total of 71% of our LAs, and 72.5% of health settings, have gone live with CP-IS
London

Key achievements:

- Our development programme for Child Sexual Abuse (CSA) hubs in each STP was moved successfully into the mainstream Health and Justice commissioning programme for sexual assault, and will continue to be monitored and evaluated.

- NHS England (London) continued to fund the Healthy London Partnership (HLP) to implement the child deaths reforms, and the project manager is actively supporting the transformation across London.

- We aim to work collaboratively on CDOP training, and procurement is underway for a Child Death Review (CDR) eLearning platform to deliver this collaborative work.

- In support of the MCA and Children & Young People Participation Group an interactive exercise involving Parent Carers explored the resources that would help promote and support an understanding of the MCA.

- The Safeguarding Adults Provider Network held a half-day workshop to explore the adoption of the Adult Safeguarding: Roles and Competencies for Health Care intercollegiate guidance.

- NHS England’s London Prevent Conference in November 2018 was attended by over 120 delegates, representing Adult and Child Safeguarding, Acute, Mental Trust and Primary Care, the HO and the DHSC.

- London Region Safeguarding Programme convened the London Region Female Genital Mutilation (FGM) Health Group, to advance the health and wellbeing of those with lived experience of FGM.

- We achieved an 85% CP-IS implementation amongst thirty LAs, and aim to make this 90% by March 2019.

Feedback for our London Prevent Conference = \textbf{100\% positive}

“...the best conference I have been to in years”
Recent reforms to child safeguarding, set out in the Children and Social Work Act 2017, and the statutory guidance Working Together to Safeguard Children 2018, represent a significant change to the responsibilities of CCGs. We have therefore carried out a safeguarding assurance process, to ensure that the CCGs are able to fulfil their statutory duties under the new requirements.

**Key achievements:**

- We have identified areas that needed systemic transformation as a result of the reforms, and mitigated against potential challenges and risks.
- We have used Designated Professionals to provide strategic advice, as well as to support the implementation.
- We ran a ‘Safeguarding Across Systems’ workshop on 21 November 2018, attended by safeguarding professionals from across the whole of the South East.
- We have supported County Lines, Equality and Integration training for key frontline staff, mental health, primary care, A&E and ambulance staff, involving twenty sessions and a single strategic lead event.
- We ran a fact-finding exercise on safeguarding practices across Dentistry, Optometry and Pharmacy in NHS England South Central, creating a building block for further work with directly-commissioned services.
- We ran a project to look at safeguarding in health services directly commissioned by Health and Justice (H&J) commissioners in the South of England, which included a Safeguarding Adults in Custody Conference on 14 June 2018.
- We held a South West-wide conference for safeguarding professionals working in health.
- We are promoting CP-IS, and local systems are on track to be fully implemented by March 2019.
- We are supporting the Prevent agenda, and the new South Regional Prevent Coordinator, to ensure that all required Trusts are completing the Prevent return, and are improving Prevent training compliance.
- South West North have reinvigorated the safeguarding leads network, and have been piloting a new safeguarding assurance tool across CCGs, to provide safeguarding assurance for commissioning organisations and their providers.
Top priorities:

• We will continue to develop and embed safeguarding arrangements across the new NHS England South East region, in accordance with legislation, statutory guidance and national safeguarding team priorities.

• We will embed safeguarding across new system-working in STP and ICS models, with robust governance arrangements and collaboration with multi-agency partnerships.

• We will focus on NHS England directly-commissioned services and, in collaboration with CCGs, ensure that robust safeguarding arrangements are in place across primary care.

• We are planning a Prevent conference for March 2019.

• We will provide support to ensure that local systems are progressing with implementation on national safeguarding programmes, such as Prevent, CP-IS and FGM-IS.

• We will develop robust assurance processes for NHS England direct commissioning functions, such as Primary Care, Specialised Commissioning and Health & Justice.

We have supported County Lines, Equality and Integration training for key frontline staff, mental health, primary care, A&E and ambulance staff, involving twenty sessions and a single strategic lead event.
Afterword

We have received an enormous amount of feedback on our safeguarding activities over the past year, and have been listening closely to our system leaders and partners. We have taken all this feedback on board in shaping our NHS Safeguarding work for 2019/2020.

We will launch our revised Safeguarding Accountability & Assurance Framework during April 2019. Our new Commissioning Assurance Toolkit, which will support CCGs and Integrated Care Systems (ISCs), will be launched by May 2019.

The year ahead will be exciting, since NHS England has agreed to include a range of safeguarding programmes in the 2019/2020 NHS Standard Contract. All NHS-commissioned services will be required to protect patients, public and staff from abuse, grooming, neglect and improper or degrading treatment. They must also take appropriate action to respond to any allegation or disclosure of any such behaviours, in accordance with the law.

Every NHS Provider will require a Safeguarding Lead and/or a Named Professional for safeguarding children, young people and adults. These professionals will be accountable for Safeguarding Guidance for child sexual abuse, exploitation, mental capacity, deprivation of liberty and Prevent. We have been creating a new contextual safeguarding minimum data set, with effect from June 2019. This will include data for the following elements:

- Prevent referrals
- Prevent assessments at hub
- Prevent referrals to Channel
- Number of Looked After Children, via the CP-IS
- Number of child protection cases, via the CP-IS
- Number of Child Sexual Exploitation cases
- Domestic Violence & Abuse reported in providers
- Serious Case Reviews
- Domestic Homicide Reviews
- Safeguarding Adults Reviews, including for under-25 year-olds
- Learning Disabilities Mortality Reviews (LeDeRs)
- Mental Health Death Reviews, including children and young people
- Deprivation of Liberties implemented
- Female Genital Mutilation (FGM) – new cases
- L1 & L2 safeguarding training completion
- L3 & L4 safeguarding training completion
- Numbers of failed DBS employment checks
We will be using the NHS Digital Strategic Data Collection Service (SDCS) and uploading this data onto the PHE FingerTips platform.

Our aim is to collect and collate as much information as we can on quality improvement and performance reporting, via the commissioners. We will also be developing a collaborative approach with our new safeguarding Clinical Reference Groups (CRGs) to create programmes for:

- Contextual safeguarding, including trauma-informed care, Think Family, and ACEs
- Exploitation, including Prevent, County Lines, and human trafficking
- Sexual abuse and assault
- Domestic abuse
- Perinatal safeguarding
- Make safeguarding personal

We will be working with system leaders and partners this year to blend our NHS contextual safeguarding data with Section 42 reports from LAs and community safety data from the Police.

Join us via @NHSSafeguarding or the FutureNHS platform.

Kenny Gibson
Head of Safeguarding for the NHS
The NHS England Safeguarding Team would like to thank the following organisations for their contributions and support throughout 2018:

- Bond Solon
- Bond Solon – Procurement Team
- Care Quality Commission (CQC)
- Coram BAAF
- Department for Education (DfE)
- Department of Health and Social Care (DHSC)
- Doctors of the World
- English Federation of Disability Sport
- Essential Parent
- Faculty of Forensic and Legal Medicine
- FA Working Group
- Gangmasters and Labour Abuse Authority
- Health Education England (HEE)
- Helen Bamber Foundation
- Home Office
- Independent Inquiry into Child Sexual Abuse (IICSA)
- Knowledge Pool
- Lancashire and South Cumbria Designated Leads
- Ministry of Justice (MOJ)
- Modern Slavery Police Transformation Unit
- Multidisciplinary Agency Application (MAAPP)
- MyGuide
- NHS Digital
- NHS Improvement
- National Network of Designated Professionals
- National Safeguarding Steering Group
- The Northern Writer
- Office of the Independent Anti-Slavery Partnership
- Pan Lancashire Anti-Slavery Partnership
- Public Health England (PHE)
- Royal College of Nursing (RCN)
- Royal College of Paediatrics and Child Health
- Safeguarding Adults National Network
- Samaritans
- Sport England
- Sports and Recreation Alliance
- STOP THE TRAFFIC
- The Truth Project
- UK coaching
- UNSEEN
- Youth Sports Trust
## Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACE</td>
<td>Adverse Childhood Experiences</td>
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<tr>
<td>ACS</td>
<td>Accountable Care System</td>
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<td>CAMHS</td>
<td>Child and Adolescent Mental Health Services</td>
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<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<td>CDOP</td>
<td>Child Death Overview Panel</td>
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<td>CDR</td>
<td>Child Death Review</td>
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<td>CP-IS</td>
<td>Child Protection Information System</td>
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<td>CPSU</td>
<td>Child Protection in Sport Unit</td>
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<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
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<tr>
<td>CRG</td>
<td>Clinical Reference Group</td>
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<tr>
<td>CSE/A</td>
<td>Child Sexual Exploitation / Abuse</td>
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<tr>
<td>CTU</td>
<td>Counter Terrorism Unit</td>
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<tr>
<td>DCO</td>
<td>Director of Commissioning Operations</td>
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<tr>
<td>DfE</td>
<td>Department for Education</td>
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<tr>
<td>DHSC</td>
<td>Department of Health and Social Care</td>
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<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>HEE</td>
<td>Health Education England</td>
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<tr>
<td>IBC</td>
<td>Implementation and Business Change</td>
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<td>ICD</td>
<td>Intercollegiate Document</td>
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<td>ICO</td>
<td>Information Commissioner’s Office</td>
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<td>ICS</td>
<td>Integrated Care System</td>
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<td>IICSA</td>
<td>Independent Inquiry into Child Sexual Abuse</td>
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<td>iHV</td>
<td>Institute of Health Visiting</td>
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<td>IJ</td>
<td>Investment Justification</td>
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<td>LA</td>
<td>Local Authority</td>
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<td>LAC</td>
<td>Looked After Children</td>
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<td>LSCB</td>
<td>Local Safeguarding Children Board</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>MAST</td>
<td>Mandatory and Statutory Training</td>
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<td>MCA</td>
<td>Mental Capacity Act</td>
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<td>MDS</td>
<td>Minimum Data Set</td>
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<td>MOJ</td>
<td>Ministry of Justice</td>
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<tr>
<td>NCB</td>
<td>National Children’s Bureau</td>
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<td>NHS Safeguarding</td>
<td>NHS England and NHS Improvement Safeguarding Team</td>
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<td>NICE</td>
<td>National Institute for Health and Care Excellence</td>
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<td>NNDHP</td>
<td>National Network of Designated Healthcare Professionals</td>
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<td>NRM</td>
<td>National Referral Mechanism</td>
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<td>NSPCC</td>
<td>National Society for the Prevention of Cruelty to Children</td>
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<td>NSSG</td>
<td>National Safeguarding Steering Group</td>
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<td>PHE</td>
<td>Public Health England</td>
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<tr>
<td>RCPCH</td>
<td>Royal College of Paediatrics and Child Health</td>
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<td>S&amp;PHNA</td>
<td>School &amp; Public Health Nurses Association</td>
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<tr>
<td>SAAS</td>
<td>Sexual Assault and Abuse Services</td>
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<td>SANN</td>
<td>Safeguarding Adults National Network</td>
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<td>SARC</td>
<td>Sexual Assault Referral Centre</td>
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<td>SME</td>
<td>Subject Matter Expert</td>
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<tr>
<td>STP</td>
<td>Sustainability and Transformation Partnership</td>
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<tr>
<td>WRAP</td>
<td>Workshop to Raise Awareness of Prevent</td>
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