

Consultation on the refreshed *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework*

Introduction

1. This document aims to provide enough detail about the process of consulting on the refreshed framework to enable respondents to:
 - understand the work that has been carried out so far;
 - be clear about which areas are being consulted upon and which are not; and
 - understand how various stakeholders have been or will be involved in the refresh.

Background to the refresh

2. *Safeguarding Vulnerable People in the NHS - Accountability and Assurance Framework* will update and replace *Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework* which was issued by the NHS Commissioning Board in March 2013. This document can be found [here](#) on the NHS England website.
3. This document was published just prior to the changes to the health system which came into force on 1 April 2013 and described the roles and responsibilities of NHS England, Clinical Commissioning Groups, NHS providers and various other bodies in the reformed health system.
4. The wider context for safeguarding continues to change in response to the findings of large scale inquiries, incidents and new legislation. Most notably, the Care Act brings adult safeguarding onto a statutory basis with a range of new duties. There has also been revised statutory and intercollegiate guidance that needs to be reflected in the framework. There are further changes to the commissioning system with the introduction of co-commissioning from April 2015 and it is important that safeguarding roles are clear in relation to this change. Finally, it is also good practice to continue to revisit and challenge the safeguarding arrangements that are in place across the health system.
5. NHS England, in its system leadership role, has revised this framework to reflect these recent developments and to respond to feedback from practitioners working across the health system who identified areas where further clarity of roles and expectations was necessary. It seeks to set out clearly how safeguarding roles are discharged and statutory duties are fulfilled across the health system. It is not intended to generate new policy or priorities for either the NHS or its partners. It merely seeks to articulate how the performance of the wider NHS with respect to the duties and priorities defined elsewhere will be delivered and assured.
6. Finally, NHS England is in the process of restructuring at the regional and local level which will have an impact on resources and capacity at the local level – this document seeks to set clear expectations about safeguarding roles and responsibilities at the local level.

7. The intention is to publish the revised version of the framework in May 2015.

Purpose of the consultation

8. The consultation is intended to establish whether the framework document clearly sets out the roles and responsibilities for safeguarding across the system, the legal and regulatory framework for safeguarding children and adults and sets out a clear set of accountabilities for NHS England.

How the responses will be gathered and analysed

9. The consultation will be open for responses for a six-week period, with the intention to allow sufficient time for organisations to discuss and respond.
10. The decision to open the consultation for six weeks was made based on the significant engagement with system partners which has taken place in developing the draft. Every organisation with a specific reference in the framework has been offered involvement.
11. The consultation will be made available on the NHS England consultation hub and all responses will need to be provided through this route.
12. Responses will not be accepted after the published close time of the consultation.
13. All opinions will be reviewed and considered and there will be no scoring or counting of responses.

Informing stakeholders of the consultation

14. Those who have a specific responsibility in relation to safeguarding or a high level of interest in the publication of the framework will be informed that the document is available for review and input. The following stakeholders will be informed through a variety of channels.

Nationally led communication:

- NHS England: Regional and Area Teams with a safeguarding, commissioning or assurance role, National Support Centre, Directors of Nursing, safeguarding leads, and QSG chairs
- Provider Trusts & Foundation Trusts: All safeguarding leads and named professionals and CEOs, Medical Directors and Nursing Directors in Acute, Ambulance, Community and Mental Health trusts
- CCGs: Safeguarding leads (Designated Professionals and Board leads for safeguarding), CCG Accountable Officers and NHS Clinical Commissioners
- Local Authorities: Local Government Association, ADASS, ADCS and LA CEOs
- Patients and representative groups: National partners and those with a registered interest
- Healthwatch England
- British Medical Association
- General Medical Council
- Relevant Royal Colleges
- Commissioning Support Units

Locally led communication:

- Local Safeguarding Children Boards: Members
- Safeguarding Adult Boards: Members
- Health and Wellbeing Boards: Chairs
- Healthwatch: Local contacts
- Patients and representative groups: to be determined locally
- Advocacy groups: to be determined locally

15. The communication about the consultation will focus on making contact with organisations/groups and will encourage them to seek opinion and provide a consolidated response wherever practical.

Regional Engagement

16. During the six week period of consultation on the Framework NHS England will ensure the draft framework is discussed at local and regional safeguarding meetings and forums in order to facilitate discussions and opinion sharing between safeguarding representatives across the health system.

Development of the draft document

17. In preparation for wider review through a targeted consultation, the draft document has been developed by an Editorial Board (Task and Finish Group) of which members were drawn from the National Safeguarding Steering Group and represented: CCGs, designated professionals for adults and children, NHS England Area, Regional and National Support Centre teams and the Department of Health. The Editorial Board sought further input from representatives of the following:

- Department of Health (and via the DH: Department for Education and Ministry of Justice)
- Organisations who have a specific responsibility outlined in the framework: CQC, Ofsted, Monitor, PHE, NHS TDA and HEE
- NHS England: Regional and Area Teams, Directors of Nursing with a lead for safeguarding
- Hospital Trust Safeguarding leads, Named professionals and Named GPs (via the Chair of the Named GPs' subgroup of the RCGP)
- CCG Safeguarding leads: Designated Professionals (via the Chairs of the designated professionals networks for adults and children) and Board leads for safeguarding

18. The following issues were raised during the development of the draft as areas where there was a general lack of clarity and/or a clear policy steer was required. These have all been addressed within the revision of the document:

- Statutory duties need to be more explicit.
- NHS England attendance at LSCBs.
- Roles and responsibilities in relation to DHR/IMR/SCR.
- Safeguarding training: roles and responsibilities and funding.

- Named GP accountability arrangements.
- Designated professional adults and children and MCA lead: clarity on the role.
- Safeguarding Forums: more clarity on their role and how they link to QSGs.
- Assurance and Accountability arrangements – more on the minimum standards about what happens locally and how this is drawn together to provide assurance to the NHS England Board.

What is out of scope of the consultation?

19. Some consideration was given as to whether there should be two separate frameworks covering adult and children's safeguarding in line with their separate legislative frameworks but it was decided that it was simpler to have a single framework that specified any differences where necessary.
20. The underpinning legal framework, including codes of practices and statutory guidance, and the NHS England mandate from Government are not subject to change through this process. Similarly, some of the other references, related processes, contracts and frameworks, e.g. the CCG assurance framework, NHS planning guidance, various NHS contracts etc. are not subject to change through this process.
21. The approach to co-commissioning has been subject to a separate consultation and is not open for discussion here.
22. Named GP capacity - the current document sets out a minimum of two named GP sessions per 220,000 of the population as the minimum. There is a strong view among Named GPs that this should be no more than 200,000 due to the workload/review burden. However, we know that the safeguarding workload is not evenly spread across the country and we are clear that as a minimum capacity this figure remains appropriate. The document clearly states that local circumstances need to be taken into account with further capacity commissioned as necessary and in discussion with the LSCB and other stakeholders.

Consultation Questions

23. The following questions will be asked at consultation.
 1. **Does the framework set out a clear and supportable set of responsibilities and accountabilities for NHS England?**
 2. **Does the framework document set out clear responsibilities and accountabilities for each other organisation across the health system for safeguarding?**
24. We will also request the following information about respondents:
 - whether they are responding personally or on behalf of an organisation;
 - if they are responding on behalf of an organisation, the name of that organisation; and

- their contact details in order to clarify further post-consultation if necessary.

Governance

25. Following development by the Editorial Board with input from the stakeholders identified in paragraph 17, the NSSG reviewed and supported the draft, recommending it for approval for consultation to the CNO.
26. Following CNO approval and review by NHS England's publication gateway assurance process including the Chief executive and Chief Operating Officer, consultation on the framework was approved and launched.
27. Once the consultation is completed and feedback has been incorporated by the Editorial Board, the sign-off of the revised framework and formal response to the consultation will be subject to approval by the following NHS England governance arrangements:
 - National Safeguarding Steering Group;
 - Chief Nursing Officer; and
 - NHS England Board Commissioning and Assurance Committee.

Any queries in relation to the consultation should be directed to the following mailbox:
england.safeguardingframework@nhs.net