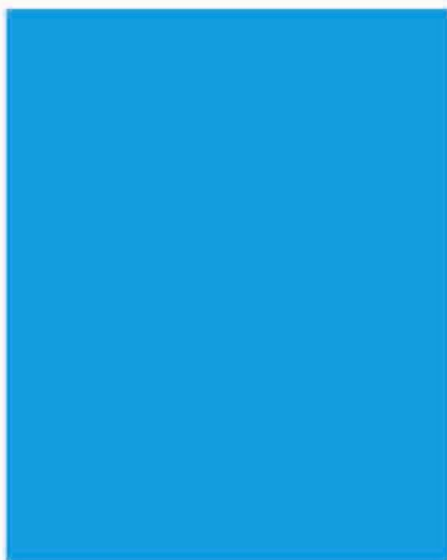


Safeguarding Vulnerable
People in the Reformed
NHS

Accountability and
Assurance Framework



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Accountability and Assurance Framework

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Contents

	Page
About this document	4
1. Purpose of this guidance	5
2. The reformed commissioning system	8
2.1 NHS Commissioning Board (NHS CB)	8
2.2 Clinical commissioning groups (CCGs)	9
2.3 Public Health	9
3. What do these changes mean for safeguarding?	11
3.1 Clinical Commissioning Groups (CCGs)	12
3.1.1 Commissioning Support	14
3.1.2 Funding	14
3.1.3 Capacity and capability	15
3.2 NHS Commissioning Board (NHS CB)	15
3.2.1 Directly commissioned services	16
3.2.2 Named GPs	17
3.3 Health service providers	17
3.4 Public Health England (PHE)	18
3.5 Health Education England (HEE)	19
3.6 Department of Health (DH)	19
4.0 Leadership, accountability and assurance	20
4.1 Safeguarding Boards	20
4.1.1 Local Safeguarding Children Boards (LSCBs)	20
4.1.2 Safeguarding Adults Boards (SABs)	21
4.2 Health and wellbeing boards	22
4.3 NHS Commissioning Board (NHS CB)	22
4.3.1 Quality Surveillance Groups (QSGs)	23
4.4 Care Quality Commission	24
4.5 Monitor	24
4.6 NHS Trust Development Authority (NHS TDA)	25
5.0 Safeguarding clinical leadership and support	26
6.0 Conclusion	27

About this document

This document updates and replaces *Arrangements to secure children's and adult safeguarding in the future NHS. The new accountability and assurance framework – interim advice* issued by the NHS Commissioning Board Authority in September 2012. It describes how the new NHS system will work from April 2013.

Whilst the new organisations take on their statutory duties from this date, detailed operational systems and recruitment of some key staff will take further time to be embedded.

All staff need to remain vigilant during this period of continuing transition and raise any concerns regarding risks appropriately.

1. Purpose of this guidance

The Mandate from the Government to the NHS Commissioning Board (NHS CB) for April 2013 to March 2015 (published in November 2012) says:

“We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs.”

The Mandate also sets the Board a specific objective of continuing to improve safeguarding practice in the NHS, reflecting also the commitment to prevent and reduce the risk of abuse and neglect of adults.

This accountability and assurance framework was commissioned by the NHS CB in order to set out clearly the responsibilities of each of the key players for safeguarding in the future NHS. It has been developed in partnership with colleagues from the Department of Health (DH), the Department for Education (DfE) and the wider NHS and social care system. The framework aims to:

- Promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels
- Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training
- Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally
- Ensure professional leadership and expertise are retained in the NHS, including the continuing key role of designated and named professionals for safeguarding children
- Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults in vulnerable situations, recognising that safeguarding is everybody's business.

Although this framework focuses on the statutory requirements to safeguard children, the same key principles will apply in relation to arrangements to safeguard adults.

Legislation in this area is likely to be strengthened in the foreseeable future, following the publication of the draft Care and Support Bill in July 2012.

For children and young people, the key legislation includes the Children Act 1989 and the Children Act 2004. Sections 11 and 13 of the 2004 Act have been amended so that the NHS CB and clinical commissioning groups have identical duties to those previously applying to Primary Care Trusts (PCTs) and Strategic Health Authorities – ie to have regard to the need to safeguard and promote the welfare of children and to be members of Local Safeguarding Children Boards. The revised edition of *Working Together to Safeguard Children* (2013) sets out expectations as to how these duties should be fulfilled.

The draft Care and Support Bill sets out comparable requirements with respect to safeguarding adults, including membership of Safeguarding Adults Boards.

This framework is intended to support NHS organisations in order to fulfil their statutory safeguarding duties as set out in

- *Working Together to Safeguard Children*
- *Statutory Guidance on Promoting the Health and Well-being of Looked After Children*
- and in any future legislation regarding the safeguarding of adults.

Although the NHS is changing, it remains the responsibility of every NHS funded organisation and healthcare professional to ensure that people in vulnerable circumstances are not only safe but also receive the highest possible standard of care.

The Francis report highlights the need to end decades of complacency about poor care, by detecting and exposing unacceptable care quickly and ensuring that the system takes real responsibility for fixing problems urgently and effectively. The Government and system wide response sets out actions to ensure consistently safe, effective and respectful care.

This accountability and assurance framework 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 assured.

2. The reformed commissioning system

From April 2013, clinical commissioning groups (CCGs), led by GPs and other clinicians, are responsible for commissioning most local healthcare services. The NHS CB will support CCGs and hold them to account and is itself responsible for commissioning some healthcare services. Local authorities are responsible for most local public health functions and will commission local public health services, supported by Public Health England. The focus remains on improving outcomes and driving up standards of care for the population as a whole, but with an emphasis on tackling health inequalities.

All NHS Trusts (i.e. providers of healthcare services) are on a pathway to Foundation Trust status, which will mean both greater accountability for the quality of the services they provide and greater autonomy in how they fulfil their responsibilities.

Commissioners' duties to promote and enable greater choice for patients may result in a greater range of providers in some areas of healthcare, where commissioners consider that this will improve quality of care.

Whilst statutory guidance such as *Working Together to Safeguard Children*, *No Secrets* and other guidance on safeguarding adults, and this non-statutory framework, seek to clarify the most important roles for organisations and key elements of effective arrangements to deliver safeguarding, NHS organisations – whether as commissioners or providers of NHS funded care – must demonstrate strong local leadership, work as committed partners and invest in effective co-ordination and robust quality assurance of safeguarding arrangements.

2.1 NHS Commissioning Board (NHS CB)

The NHS CB is an executive non-departmental public body. It works under its Mandate from the Government to improve the quality of NHS care and health outcomes, reduce health inequalities, empower patients and the public and promote innovation. Its key responsibilities include:

- Authorisation and oversight of CCGs and support for their on-going development

- The direct commissioning of primary care, specialised health services, prison healthcare and some public health services (including, for a transitional period, health visiting and family nurse partnerships)
- Developing and sustaining effective partnerships across the health and care system.

The NHS CB has a single operating model and is largely organised into three functional areas, i.e. nationally, regionally and locally. There is senior clinical leadership at all levels, including those with responsibility and expertise in safeguarding. The Board's national leadership team includes the Chief Nursing Officer, who is the lead Director for safeguarding and will lead work that defines improvement in safeguarding practice.

The NHS CB's regional and local area teams will each have a Director of Nursing who is responsible for supporting and providing assurance on the safeguarding of children and adults at risk of abuse or neglect.

2.2 Clinical commissioning groups (CCGs)

CCGs are statutory NHS bodies with a range of statutory duties, including for safeguarding children, which are similar to those previously applying to PCTs. Unlike PCTs, however, they are essentially membership organisations that bring together general practices to commission services for their registered populations and for unregistered patients who live in their area. The NHS CB has allocated around £60 billion of funds to CCGs to commission health services for their populations.

CCGs are not directly responsible for commissioning primary medical care (or other primary care services), but they have a duty to support improvements in the quality of primary medical care.

2.3 Public Health

Under the health reforms there are significant changes to arrangements for the provision and commissioning of public health services. At a national level, Public Health England (PHE) supports people to make healthier choices and provides expertise, information and intelligence to public health teams based in local authorities and the NHS. PHE also

provides national leadership to support delivery of the public health outcomes framework. This includes tackling health inequalities, health improvement and the delivery of health protection services, including emergency planning and resilience. It also includes the development of national programmes and cross-government and international leadership.

At the local level, public health is now the responsibility of local government, which provides local leadership to health and wellbeing boards, leads the development of the Joint Strategic Needs Assessment and commissions a range of services – including the 5 to 19 Healthy Child Programme (0 to 19 from 2015), school health services, drugs and alcohol services and sexual health services. Public health teams in local authorities will also provide public health advice to CCGs locally.

3. What do these changes mean for safeguarding?

Both CCGs and the NHS CB are statutorily responsible for ensuring that the organisations from which they commission services provide a safe system that safeguards children and adults at risk of abuse or neglect. This includes specific responsibilities for looked after children and for supporting the Child Death Overview process, to include sudden unexpected death in childhood. Local authorities have the same responsibilities in relation to the public health services that they commission.

Both CCGs and the NHS CB have a statutory duty to be members of Local Safeguarding Children Boards (LSCBs) and are expected to be fully engaged with local Safeguarding Adults Boards (SABs), working in partnership with local authorities to fulfil their safeguarding responsibilities.

CCGs and the NHS CB should ensure that robust processes are in place to learn lessons from cases where children or adults die or are seriously harmed and abuse or neglect is suspected. This will include contributing fully to Serious Case Reviews (SCRs) which are commissioned by LSCBs/SABs and also, where appropriate, conducting individual management reviews. Health organisations should also consider carefully any requests from an LSCB or SAB for information which is relevant to a SCR.

In addition to the distinct responsibilities that the NHS CB has as a commissioner of primary care and other services, it is also responsible for ensuring that the health commissioning system as a whole is working effectively to safeguard and improve the outcomes for children and adults at risk and their families, and thus promotes their welfare. It provides oversight and assurance of CCGs' safeguarding arrangements and supports CCGs in meeting their responsibilities. This includes working with the Care Quality Commission (CQC), professional regulatory bodies and other national partners.

The NHS CB and CCGs will work closely together, and, in turn, will work closely with local authorities, LSCBs and SABs, to ensure there are effective NHS safeguarding arrangements across each local health community, whilst at the same time ensuring

absolute clarity about the underlying statutory responsibilities that each commissioner has for the services that they commission, together with a clear leadership and oversight role for the NHS CB.

3.1 Clinical Commissioning Groups (CCGs)

CCGs are the major commissioners of local health services and need to assure themselves that the organisations from which they commission have effective safeguarding arrangements in place.

In order to have been authorised by the NHSCB, CCGs have had to demonstrate the safeguarding requirements set out in authorisation. They have also had to demonstrate that there are appropriate systems in place for discharging their responsibilities in respect of safeguarding, including

- Plans to train their staff in recognising and reporting safeguarding issues
- A clear line of accountability for safeguarding, properly reflected in the CCG governance arrangements
- Appropriate arrangements to co-operate with local authorities in the operation of LSCBs, SABs and health and wellbeing boards
- Ensuring effective arrangements for information sharing
- Securing the expertise of designated doctors and nurses for safeguarding children and for looked after children and a designated paediatrician for unexpected deaths in childhood
- Having a safeguarding adults lead and a lead for the Mental Capacity Act, supported by the relevant policies and training.

A CCGs leadership arrangements for adult safeguarding need to include responsibility for ensuring that the CCG commissions safe services for those in vulnerable situations, including effective systems for responding to abuse and neglect of adults and effective interagency working with local authorities, the police and third sector organisations. CCG leads for safeguarding adults need to have a broad knowledge of healthcare for older people, people with dementia, people with learning disabilities and people with mental health conditions.

CCGs need to demonstrate that their designated clinical experts (children 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. It should also be recognised that they will be expected to give clinical advice, for example in complex cases or where there is dispute between practitioners.

The role of designated professionals (see below) for safeguarding children should always be explicitly defined in job descriptions, and sufficient time, funding, supervision and support should be allowed to enable them to fulfill their child safeguarding responsibilities effectively. Model job descriptions and person specifications can be found in the intercollegiate documents, *Safeguarding Children and Young People: roles and competences for healthcare staff and Looked after children – Knowledge, skills and competences of healthcare staff*.

Designated professionals and adult safeguarding leads, as clinical experts and strategic leaders, are a vital source of advice to the CCG, the NHS CB, the local authority, the LSCB or SAB and the health and wellbeing board, and of advice and support for other health professionals in provider organisations.

It is expected that many designated professionals will be employed by a CCG. Where a designated professional (most likely a designated doctor for safeguarding or, perhaps, a designated professional for looked after children) is employed within a provider organisation, the CCG will need to have a Service Level Agreement with the provider organisation that sets out the practitioner's responsibilities and the support they should expect in fulfilling their designated role.

In some areas there is more than one CCG per local authority and LSCB/SAB area, and CCGs may want to consider developing 'lead' or 'hosting' arrangements for their designated professional team. It is expected that CCGs will need to have formal arrangements in place to ensure and assure the effectiveness and compliance of such arrangements.

Whatever arrangements are in place for designated professionals, clear accountability and performance management arrangements will be essential. It is likely that line

management will sit with the executive lead. Where designated doctors, in particular, are continuing to undertake clinical duties in addition to their clinical advice role in safeguarding, it is important that there is clarity about the two roles and the CCG will need to be able to input into the job planning, appraisal and revalidation processes.

However, the role of CCGs and, indeed, the NHS CB is about more than just managing contracts and employing expert practitioners. It is about working with others to ensure that critical services are in place to respond to children and adults who are at risk or who have been harmed, and it is about delivering improved outcomes and life chances for the most vulnerable.

3.1.1 Commissioning Support

The commissioning process is complex and continuous, requiring research, planning, procurement, contract management and monitoring in order properly to meet the health needs of a population.

In order to allow CCGs and the NHS CB to concentrate on improving clinical care pathways and to improve efficiency, they will be able to contract with other organisations for support with some of their commissioning functions. Initially, much of this support will be provided by Commissioning Support Units (CSUs), which are hosted by the NHS CB. There are currently 23 CSUs, geographically based.

Whilst CSUs or other commissioning support services have a number of important roles to play in helping CCGs to commission effective services and assure themselves of the safety of those services, they are not considered an appropriate vehicle for the 'hosting' of designated professionals. However, CCGs need to assure themselves that, where they do contract with CSUs for support with patient specific services such as continuing care or the management of serious incidents, they have access to the appropriate safeguarding expertise.

3.1.2 Funding

This framework sets out the responsibilities of each of the key organisations for safeguarding in the future NHS. These responsibilities form part of the core functions for each organisation and must therefore be discharged within agreed baseline funding.

3.1.3 Capacity and capability

CCGs need to have sufficient capacity in place to fulfil their duties and should regularly review their arrangements to assure themselves that they are working effectively. The area team needs also to have the capacity to develop its safeguarding responsibilities and support CCGs. CCGs may wish to approach their area team for additional advice. Some of the issues they may wish to consider include:

- The size and geography of the 'patch'
- The deprivation of the population served and the numbers of children and adults in need, including looked after children
- The evidence and advice from recent inspections, reviews, audits and case reviews of safeguarding
- The number of providers and the complexity of the provider landscape.

It is strongly recommended that future plans and arrangements are discussed with the Chair of the LSCB and the chair of the SAB. The local authority's Director of Children's Services and Director of Adult Social Services will also be able to assist and advise.

3.2 NHS Commissioning Board (NHS CB)

The NHS CB, through the leadership of the Chief Nursing Officer (CNO),

- Ensures that the Board meets its specific safeguarding duties in relation to the services that it directly commissions (eg primary care, specialised services)
- Acts as the policy lead for NHS safeguarding, including leading and defining improvement in safeguarding practice and outcomes
- Leads, in conjunction with regional Directors of Nursing, assurance and peer review processes for both CCGs and directly commissioned services
- Provides specialist safeguarding advice to the NHS
- Leads a system where there is a culture that supports staff in raising concerns regarding safeguarding issues
- Leads joint work with CQC and Monitor on a joint information sharing protocol and MoU for areas of concern.

Within the CNO's corporate team, the Director of Nursing (Commissioning and Health Improvement) will have a Clinical Lead for Safeguarding. This post holder will lead on behalf of the CNO:

- The implementation of the safeguarding assurance framework across the NHS CB and CCGs
- Provision of leadership support to safeguarding professionals – including working with Health
- Education England (HEE) on education and training of both the general and the specialist workforce
- Work across health and social care to improve standards of practice, especially in commissioning.

3.2.1 Directly commissioned services

The NHS CB has the same statutory duties as CCGs for its directly commissioned services. It will be important that, through its area teams, the NHS CB works in effective partnership with CCGs, GP practices (with whom patients will generally be registered), other NHS providers and local authorities.

As a commissioner of important local health services, it will need to agree with local LSCB/SAB Chairs and Directors of Children's Services and Adult Social Services how best to engage with local assurance and accountability processes. This is likely to include working closely with local designated professionals.

The NHS CB, via its area teams, is responsible for the co-coordinating and funding of safeguarding training for GPs and potentially other primary care professionals. This could be done in partnership with the Local Education and Training Board (LETB).

Within each area team, the Director of Nursing has the lead responsibility for safeguarding for both children and adults, and acts as the main conduit of advice and support to area team colleagues and the wider system. This includes the responsibility for commissioning any reviews or enquiries of independent contractor services. In this role they will be supported by a Deputy Director with a lead for patient safety and via the local 'Safeguarding Forums', which will enable them to access wider expertise and advice.

3.2.2 Named GPs

There has been a great deal of discussion about the future role and location of named GPs. Although the role of the named GP is not defined in statutory guidance, it has its origins in the *Children's National Service Framework*. Named GPs have proved invaluable at supporting general practice and improving the experience of vulnerable children and families. Although some have suggested that the role is more akin to a GP with a Special Interest than to a named professional, it is, none the less, critical.

Area team Nurse Directors and Medical Directors will work with primary care commissioners and local CCG clinical leaders to develop effective arrangements for the employment and development of named GPs (and other primary care expertise) within the local area. The criteria outlined in section 3.1.3 above should be used to inform the precise nature of the local workforce but it is recommended that a minimum of two named GP sessions per 220,000 population should be considered.

In addition, the NHS CB proposes to work with the Royal College of General Practitioners and others to define the standards of practice for the named GP role. It is anticipated that named GPs will work closely with primary care commissioners in the local area team. Named GPs will be accountable to the local designated professional.

3.3 Health service providers

All providers of health services are required to be registered with the Care Quality Commission (CQC) (see also section 4.5 below). 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. NHS trusts without Foundation Trust status are also accountable to the NHS Trust Development Authority (see section 4.4 below).

Health providers are required to demonstrate that they have safeguarding leadership and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the LSCBs,

SABs and their commissioners. Most importantly, they must ensure a culture exists where safeguarding is everybody's business and poor practice is identified and tackled.

All health providers are required to have effective arrangements in place to safeguard vulnerable children and adults and to assure themselves, regulators and their commissioners that these are working. These arrangements include safe recruitment, effective training of all staff, effective supervision arrangements, working in partnership with other agencies and identification of a named doctor and a named nurse (and a named midwife if the organisation provides maternity services) for safeguarding children; in the case of NHS Direct, ambulance trusts and independent providers, this should be a named professional. They should also identify a named lead for adult safeguarding.

GP practices should have a lead for safeguarding, who should work closely with named GPs and designated 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 training is in place. They should work closely with their organisation's safeguarding lead, designated professionals and the LSCB.

All providers of NHS-funded health services (NHS Foundation Trusts and public, third sector, independent sector and social enterprises,) will be licensed by Monitor (unless exempted through regulations). Where licensing is required, it will be conditional upon registration by CQC.

3.4 Public Health England (PHE)

Public Health England (PHE) has a range of public health responsibilities to protect and improve the health and wellbeing of the population and to reduce health inequalities in health and wellbeing outcomes. PHE's specific safeguarding duties in relation to the front line delivery of services to individuals and families will relate to its delivery of health protection services. The Health Protection Agency has a named doctor and nurse for safeguarding and this function will transfer to PHE. Front line services for the health protection function will be delivered through fifteen teams based in PHE centres. PHE will work with local arrangements for safeguarding, liaising with the NHS CB to access local expertise and advice.

Local authorities will be held to account for the public health duties that are transferred to them, through local management structures and LSCBs/SABs in the usual way. However, they too will be able to access specialist support and advice via the CCG safeguarding team or the area Safeguarding Forum.

3.5 Health Education England (HEE)

Health Education England (HEE), working in conjunction with its Local Education and Training Boards (LETBs), has responsibility for all professional education and training. HEE provides strategic leadership and workforce intelligence in support of the NHS CB and the delivery of the Mandate.

LETBs are the local provider lead organisations with responsibility for local health workforce development and education commissioning. This includes the provision of training for both the general and specialist safeguarding workforce, working with local commissioners and providers.

3.6 Department of Health (DH)

The Department of Health (DH) 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 will hold it to account for achievements. DH will assess the NHS CB's performance against the Mandate. It will also ensure that all parts of the health and care system work in partnership and collaboratively.

4.0 Leadership, accountability and assurance

The effectiveness of the safeguarding system will be assured and regulated by a number of bodies and mechanisms. For NHS bodies these include:

- Internal assurance processes and Board accountability
- The local safeguarding boards (LSCBs and SABs)
- External regulation and inspection– CQC and Monitor
- Locally developed peer review and assurance processes
- Effective commissioning, procurement and contract monitoring.

4.1 Safeguarding Boards

Local Safeguarding Children Boards (LSCBs) and Safeguarding Adults Boards (SABs) are the key mechanisms for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children and adults in that locality, and for ensuring the effectiveness of what they do. Through their annual reports, the LSCB and SAB will provide a comprehensive analysis of the safeguarding system in the local area.

The LSCB or SAB does not commission or deliver services. Each Board partner retains their own existing line of accountability for safeguarding. While LSCB and SABs do not have the power to direct other organisations, they do have a role in making it clear where improvement is needed and organisations should take steps to comply with this advice.

The LSCB or SAB will need to link effectively with the health and wellbeing board, including the Director of Public Health. In doing that, the LSCB/SAB should both inform and draw on the Joint Strategic Needs Assessment (see below).

4.1.1 Local Safeguarding Children Boards (LSCBs)

The Director of Children's Services has the responsibility within the local authority, under *section 18 of the Children Act 2004*, for improving outcomes for children and young people, children's social care functions and local cooperation arrangements for children's

services. The LSCB is accountable for coordination and effectiveness. The local authority Chief Executive, drawing on other Board partners and, where appropriate, the Lead Member will hold the LSCB Chair to account for the effective working of the LSCB.

Working Together to Safeguard Children (2013) reinforces the central role of LSCBs, strengthening their independence and their role in holding other bodies to account. All NHS and NHS funded organisations are expected to participate fully with their LSCB(s), including providing practical support and resources or resources in kind where appropriate. NHS commissioners should use contractual mechanisms to reinforce and monitor these requirements.

Statutory membership of LSCBs is set out in *Working Together to Safeguard Children*. Board partners which must be included in the LSCB include the NHS CB, CCGs, and NHS Trusts and NHS Foundation Trusts whose hospitals, establishments and facilities are situated in the local authority area. Where there are a number of CCGs or NHS Trusts in the local authority area, they may decide to share attendance at meetings of the LSCB. The LSCB will be able to involve the NHS CB in ensuring full local NHS engagement.

The LSCB should either include on its Board, or be able to draw on in its ongoing work, appropriate expertise and advice from all the relevant sectors, such as maternity, emergency care and mental health. This includes a designated doctor and nurse, who take a strategic, professional lead on all aspects of the health service contribution to safeguarding and can ensure clinical frontline expertise for the Board where required.

4.1.2 Safeguarding Adults Boards (SABs)

SABs already work effectively with health bodies. The draft Care and Support Bill proposes putting SABs on a stronger, statutory footing, better equipped both to prevent abuse and to respond when it occurs. It is intended that CCGs will become statutory members of SABs. The SAB will be able to determine its own strategic plan, with the local community, to protect adults in vulnerable situations from abuse and neglect. The Board will publish its safeguarding plan and report annually on progress to ensure that agencies' activities are effectively coordinated.

4.2 Health and wellbeing boards

Health and wellbeing boards have overall strategic responsibility for assessing local health and wellbeing needs in the Joint Strategic Needs Assessment (JSNA) and agreeing Joint Health and Wellbeing Strategies for each local authority area. They play a vital role locally in identifying and ensuring that the needs of children and adults at risk of abuse or neglect are identified and addressed. The JSNA will support the commissioning of services so that effective coordinated help can be provided to those at risk and their families.

The exact relationship between LSCBs/SABs and health and wellbeing boards is for local determination. However, it is important that the boards are complementary. The LSCB/SAB should not be subordinate to or subsumed within local structures that might compromise its separate identity and voice. There will need to be a clear distinction between the roles and responsibilities of the LSCB/SAB and the health and wellbeing board, to ensure the maximum effectiveness of both.

NHS commissioners and providers will want to understand these arrangements and ensure that they are fully engaged and working effectively to support them.

4.3 NHS Commissioning Board (NHS CB)

The central and regional teams of the NHS CB take lead responsibility for policy on safeguarding and for overall assurance of the NHS safeguarding system, whilst the area teams have the responsibility for day-to-day support, leadership and assurance. Area teams provide assurance that the local health system, including CCGs and designated professionals, are meeting their safeguarding responsibilities effectively. The role includes:

- Assuring through the annual review process that the NHS is delivering improved outcomes for children and adults at risk
- Co-ordinating and supporting local leadership of external reviews and inspections
- Working with LSCBs, SABs and health and wellbeing boards.

The annual review process will also give additional assurance to the LSCB or SAB and the health and wellbeing board, when triangulated with other sources including inspections, external reviews, CQC inspections etc.

The NHS CB is considering with CCGs and partner organisations how these processes might feed into the annual assessment of CCGs.

4.3.1 Quality Surveillance Groups (QSGs)

Effective mechanisms to support the discharge of local accountabilities for quality and for sharing information and intelligence will be essential in the new NHS, if it is to deliver its key objectives of improving quality and reducing harm. The National Quality Board has recommended the development of Quality Surveillance Groups (QSGs) across the country for this purpose. QSGs will act as a virtual team across a health and care economy, bringing together organisations and their respective information and intelligence gathered through performance management, commissioning and regulatory activities, to spot potential and actual quality problems at an early stage.

QSGs will operate at regional and local levels, according to the footprint of the NHS CB's regional and area offices. Membership of the local QSGs should be determined locally, but include as a minimum all local commissioners in the area (NHS CB, CCGs and local authorities), representatives from the NHS Trust Development Authority where there are NHS trusts in the area, the Local Education and Training Board, local Healthwatch and the regulators, Monitor and CQC.

The NHS CB will provide a support and facilitation role to local and regional QSGs. This will involve :Proactively ensuring that all parties who need to be involved, are involved

- Facilitating sharing of information if needed
- Ensuring that there is a clear understanding as to how the Group will consider all providers and system wide issues over time
- Chairing meetings where a chair is required by the group, and
- Providing a record of the discussions and agreed actions.

NHS CB area teams will provide this support at a local level, and the regional offices will provide the function for the QSGs in each of the four regions. The NHS CB is well placed to fulfil this role on behalf of the commissioning function, as it is commissioners who

have responsibility for the population of that area or region. The NHS CB is leading the establishment of QSGs so that by 1 April 2013, there is a comprehensive network in place across the country.

The National Quality Board published guidance on How to establish a Quality Surveillance Group in January 2013, which can be found at <http://www.dh.gov.uk/health/2013/01/establish-qsg>. QSGs may identify quality problems related to providers in that area and region which may have safeguarding implications. Such safeguarding concerns should be fed into the local safeguarding arrangements, including to the LSCB/SAB as appropriate. The role of QSGs in relation to safeguarding is being tested as part of the roll out of the QSG network, and will be clarified as part of updated guidance in the autumn of 2013.

4.4 Care Quality Commission (CQC)

CQC is the independent regulator of health and adult social care. CQC registers all providers of health and adult social care and requires them to meet essential standards of quality and safety. This includes a standard on safeguarding.

In addition to monitoring the compliance of registered providers against the essential standards, CQC also has powers to inspect children's services under the Children Act and participates in joint inspection work looking at services for children. In July 2012, Ofsted and CQC completed a three year programme of inspections of safeguarding arrangements and services for looked after children. CQC is committed to meeting the recommendations made by the Munro review of child protection and is working towards joint inspections of child protection arrangements with Ofsted and other inspectorates.

In 2012, CQC consulted on its future strategic direction. This included proposals to change how CQC will inspect hospitals. CQC plans to look more closely at how hospitals are run. CQC will use more clinical experts in inspection teams and will involve more members of the public with direct experience of care in its inspections.

4.5 Monitor

During 2013, Monitor will start to introduce a licence for providers of NHS-funded care. The licence will set out a range of conditions that providers must meet. As the sector regulator, Monitor manages key aspects of healthcare regulation, including regulating

prices, enabling services to be provided in an integrated way, safeguarding choice and competition and supporting commissioners so that they can ensure essential health services continue to run if a provider gets into financial difficulties.

Monitor will also continue to ensure that the boards of NHS Foundation Trusts focus on good leadership and governance, in line with their duty to be effective, efficient and economic. In addition, it will have a continuing role in assessing the remaining NHS trusts when they apply for Foundation Trust status.

The provider licence requires Foundation Trusts to:

“Establish and effectively implement systems and/or processes... to ensure compliance with healthcare standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, the NHS Commissioning Board and statutory regulators of healthcare professions.”

This includes the essential standard on safeguarding monitored by CQC. Where Foundation Trusts are not compliant with this standard, Monitor may investigate, and could find the Foundation Trust in breach of its licensing obligations and take enforcement action.

4.6 NHS Trust Development Authority (NHS TDA)

The role of the NHS Trust Development Authority (NHS TDA) is to provide oversight and performance management of NHS trusts in England. This involves a central focus on quality, including the expectation that trusts will have proper systems in place for child and adult safeguarding. The NHS TDA also has responsibility for the appointment of Board positions and the approval of Foundation Trust applications moving to Monitor.

In this context, the NHS TDA plays a significant role in the assurance and support system for all non-Foundation Trusts, working closely with commissioners and regulators via mechanisms such as Quality Surveillance Groups and Risk Summits which involve safeguarding.

5.0 Safeguarding clinical leadership and support

CCGs and the NHS CB need to provide appropriate support and advice to the designated and specialist professionals and to be able to access the widest possible expertise to support improving safeguarding practice.

In order to support this, NHS CB area team Directors of Nursing will establish local 'Safeguarding Forums'. The role of these Safeguarding Forums includes:

- Provision of supervision and support to designated and specialist professionals, including those responsible for looked after children
- Provision of specialist advice and expertise to CCGs and area teams
- Driving improvement in safeguarding practice
- Underpinning system accountability through peer review based assurance, that will be developed in line with the overall NHS CB approach to quality improvement
- Ensuring succession planning and the commissioning of appropriate education and development for designated and specialist professionals, through engagement with HEE.

In addition, there is a need for specialist clinical advice in complex clinical situations, which may require a link to the Strategic Clinical Networks currently being established. A 2010 paper by the Department of Health and the Royal College of Paediatrics and Child Health, *Child Protection Clinical Networks: Protecting children, supporting clinicians*, also provides useful advice and highlights the particular potential of managed clinical networks in this area.

6.0 Conclusion

Safeguarding vulnerable people is complex, frequently under review and we must ensure that it will work effectively. *The final report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* recommends that all healthcare should be patient centred and we will be working with all our partners to ensure that this is achieved for all vulnerable people. Organisations need to promote a culture where staff feel able to raise concerns and whistleblow without fear and that there is an understanding of the need for staff support to achieve effective outcomes for vulnerable people.

CQC will be publishing its strategy for 2012-2016 later this year and the NHS CB will be setting up a network of designated professionals.

It is important to remember that safeguarding is everyone's responsibility.

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